10 FEBRUARY 2001

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Wales health plans promote pharmacy role

Call for open debate on NHS rationing

RPM: more than just an economic issue

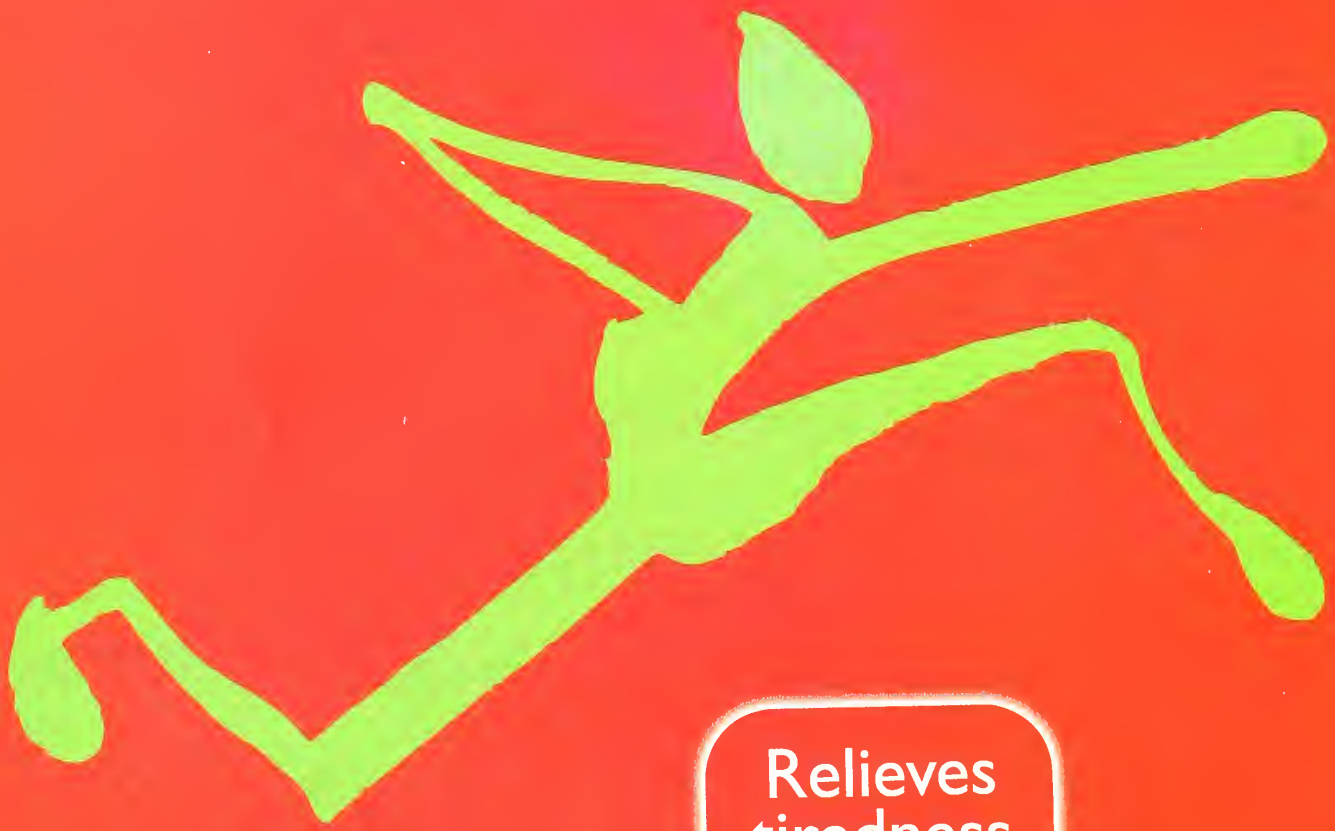
Asda considers Pharmacy2U as host of online pharmacy

Nucare increases profile with launch of new company

High time to move onto the Web

Online at http://www.dotpharmacy.com/

The natural way to revive your profits



- New Yariba herbal tablets contain a natural ingredient to relieve temporary tiredness
- Established clinical heritage
- Unmissable national heavyweight advertising campaign

kola nut

A natural way to revive your day

YARIBA Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** Take one or two tablets three times a day. Not recommended for children under 14. **Indications:** A traditional herbal remedy used as a pick-me-up in temporary tiredness. **Contra-indications:** Not to be used in cases of sensitivity to any of the ingredients. Not to be used during pregnancy or lactation. **Precautions:** Keep out of the reach and sight of children. **Legal Category:** GSL **Packs:** Yariba (PL 17418/0012) - 50 tablets, RSP £4.95 (£4.21 exc. VAT).

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 255 No 6277 141st YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

News	4	Counterpoints	12
Hospital Report	7	Business News	28
Topical Reflections	7	Coming Events	29
Statutory Committee	8	Classified Advertisements	30
Prescription Specialities	10	People	34

COMMENT

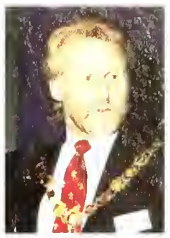
It is becoming more obvious that the NHS is no longer the national service that it was. As Edinburgh, Cardiff and Stormont become more confident in their own authority, it is becoming a devolved service. True, the general thrust of 'Improving Health in Wales' echoes the strategies outlined for England and Scotland, but there are differences. The Welsh are freezing prescription charges and raising the exemption age to 25 (see p4), while recently the Scots decided to provide free nursing care for the elderly. Both moves will have an impact on budgets, with a knock-on effect for another aspect of healthcare. But whatever local variations the national plans introduce, for pharmacists there remains a common theme. This is that they should take a lead role in the process of the supply and use of medicines. The new breed of PCG/LHCC pharmacists - health service employees - are getting to grips with improving GP prescribing practices. For community pharmacists, the radical moves from dispensing to medicines management, repeat prescribing schemes and prescribing under patient group directions have still to come. A draft 'new contract' for England (and Wales) is expected soon by PSNC, although it is unlikely to appear before the LPC conference in early March. The reforms to community pharmacy across the UK will empower pharmacists in a way not seen before within the NHS. The profession's leaders are very aware of the opportunities and influence this could bring. Pharmaceutical companies have been surprisingly slow to grasp the impact that 'Pharmacy in the Future' could have as far as their marketing strategies are concerned. Pharmacy contractors, with one foot in the NHS and the other rooted in business realities, can appreciate the concepts, but rightly wonder about the business plan. None of the national strategies has developed that far yet, and until they do, the commitment needed at grass roots to put the strategies into practice will be missing. The challenge for our leaders is to maintain momentum and enthusiasm until the funding picture becomes clearer.

Pharmacy part of Welsh plan 4

The NHS Plan for Wales gives a significant role to pharmacy

A debate on NHS rationing? 5

A newly-published review has called for public debate on what the NHS can and cannot provide



Elderly reluctant to ask a pharmacist 6

People over the age of 55 are the least likely group to ask their pharmacist for advice about medicines

Statutory Committee: second theft from employers 8

A pharmacist who stole from his employers after being given a second chance was struck off

Pastures Green 17

Continuing the series on pharmacy in Europe, Donald MacArthur looks at Ireland and Italy

e-pharmacy: Time to move onto the Web 18

Options for e-pharmacy are increasing; so, also, is the availability of medical information on the internet

News from the USA 25

As re-importation legislation is stalled, its benefits are being questioned, reports Tony de Nicola

Fair trading for pharmacists 26

Economists should not be involved in deciding the case for RPM, argues Darrin Baines

Asda considers Pharmacy2U as its online host 28

Asda wants to add a pharmacy to its online shopping services and is looking to P2U as a possible partner

Nucare moves into distribution 29

The launch of Nucare Pharmaceuticals sees Nucare moving into the wholesale distribution business

Editor Patrick Grice *MRPharmS*
Assistant Editor Guy D'Aimable BA
News Editor Charles Gladwin *MRPharmS*
Business Editor Nina Keller-Henman, *Dipl Bod*
Technical Editor Steve Bremer *MRPharmS*
Contributing Editor Adrienne de Mont *MRPharmS*
Beauty Editor Sarah Thackray
Reporter Vanessa Sherwood *MRPharmS*
Art Editor Tony Lamb
Production Editor Vanessa Townsend, BA
Production Sub-Editor Lorri Pimlott
Editorial secretary Jan Powis
Editorial (tel): 01732 377487; (fax): 01732 367065; chemdrug@ubminternational.com
Price List Colin Simpson *(Controller)*, Darren Larkin, Maria Locke
Price List (tel): 01732 377407, (fax): 01732 377559
Group Advertisement Manager Julian de Bruxelles
Group Advertisement Executives Quentin Soldan, Sophie Wellsted
Classified Executive Debra Thackeray
Advertisement department secretary Elaine Steele
Advertising (tel): 01732 377621; (fax): 01732 377179
Production Katrina Avery
Publishing director Fergus Wilson
Associate Publisher John Skelton *FRPharmS*

Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by United Business Media International, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at chemdrug@dotpharmacy.com
Website: http://www.dotpharmacy.com/

Subscriptions (Home) £140 per annum (Overseas & Eire) $345 per annum including postage
£2.60 per copy (postage extra)
Additional Price List £78 per annum

Circulation and subscription United Business Media International, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics LE16 9EF
Tel: 01858 438809
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature

United Business Media

PPA ABC

PSNI to get wider regulatory power

The Pharmaceutical Society in Northern Ireland is to be given powers to impose a wider range of disciplinary sanctions on erring pharmacists.

Health minister Bairbre de Brún told Society representatives last week that a new Northern Ireland Health Bill would contain legislation that would enable the PSNI to overhaul its professional regulatory powers.

It is likely that the measures will mirror those being put into place in Great Britain, where the Royal Pharmaceutical Society has faced similar problems. Both Societies can either administer a reprimand or order a pharmacist to be struck off, but have no intermediate penalties or effective means to ensure proper standards of service delivery.

In the Society's first formal meeting with Ms de Brún, PSNI representatives lobbied for funding for a continuing professional development facilitator. The Society wants to make CPD a condition of continued registration.

In what PSNI chief executive Sheila Maltby described as "a positive meeting", the health minister said she definitely wanted a full response from the PSNI to two DHSS strategy papers published just before Christmas.

'Building the Way Forward in Primary Care' looks at how GP fundholding will be replaced, and 'Investing for Health' looks at tackling social and lifestyle causes of ill health.

- The PSNI is making a final call for donations to the Ronnie McMullan Trust Fund. So far £14,000 has been raised.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in January:

- Cystic fibrosis (1187)
- Probiotics (1188)
- Stroke (1189).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply).

Internet users can catch up by accessing the dotpharmacy site (*http://www.dotpharmacy.com*). The Pharmacy Update multiple choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

Pharmacy in Welsh plan

Welsh pharmacists will have a significant role to play in the future following the publication of 'Improving Health in Wales – A Plan for the NHS with its Partners' on February 2.

Better access for service users, better use of medicines, redesigning services around patients and ensuring high-quality services are future aims for pharmacy. The report also states that the implementation of the Crown Review should provide patients with convenient, efficient access to medicines.

Areas needing to be developed by pharmacy include the management of prescribed drugs, long-term conditions, common ailments, the promotion and support of healthy lifestyles, and the provision of advice and support to other professionals.

As first mentioned in the Partnership Agreement, prescription charges will be frozen at their current level and there will be free prescriptions for all those under 25. These changes will come into effect from April.

Colin Ranshaw, chairman of the Royal Pharmaceutical Society's Welsh executive, said: "As one of the key partner professions, we look forward to working with the Assembly and the NHS in Wales with its partners, to take forward this strategy which puts patients at the very centre of healthcare delivery. We are delighted to see that this plan acknowledges pharmacy as an integral part of primary care."

The Welsh Central Pharmaceutical Committee is meeting this week to consider its response.

A 'Task and Finish' group has been set up to consider options for improving the prescribing of drugs, the provision of pharmaceutical services and the supply of pharmaceuticals in Wales. This report will be completed by March.

The plan sets out a programme of action for the NHS in Wales for the next ten years. Health authorities will be abolished by April 2003 and local health groups (LHGs), equivalent to England's primary care groups, will have a much stronger role in supporting primary care. The National Assembly will take direct control of health through a 'Health and Wellbeing Partnership Council', which will be chaired by the health and social service minister. Unlike England, Community Health Councils will be retained.

To help implement the plan an additional £1 billion will be invested in the NHS in Wales. This will increase the spending from £2.6 billion last year to £3.6 billion by 2004.

"This is a plan made in Wales and designed to meet Welsh needs, breaking down the barriers between institutions and organisations to provide integrated services that are simpler for people to understand," said Assembly health minister Jane Hutt.

The Welsh Council of the British Medical Association has welcomed the report.

The document also addresses:

- targets to improve services for specific conditions, eg cancer, coronary heart disease, diabetes, mental illness
- patient and public involvement in health services
- joint working with local government and the voluntary and independent sectors
- training and development of staff
- investing in environment, equipment and technology
- managing services so that they are consistent in quality and reliability.

The full report is available at *www.wales.gov.uk*

NI consults on its primary care plans

Northern Ireland is consulting on its strategy for the future of primary care.

It echoes plans being discussed or adopted elsewhere in the UK, and has as a key thrust the ending of GP fundholding. Instead, health minister Bairbre de Brun wants "fairer, less bureaucratic arrangements in primary care designed to strengthen structures for delivering high quality primary care services in local communities".

Another key structural change preferred by the Department of Health, Social Services and Public Safety is that Local Health and Social Care Groups be established as committees of their local health and social services board. These would cover populations of between 50,000 and 150,000. Each group would be run by a management board whose membership would be drawn from representatives of local GPs, nurses, social workers, pharmacists, professionals allied to medicine, and community and service user representatives.

Initially, LHSCGs would have administrative and management resources to support their work, and would also be given budgets for some parts of the delivery of services. Over time they would receive devolved budgets from Boards to commission services for the populations they serve.

The Department estimates that if the administrative costs of the groups were kept at £3 per head of population covered, this would free £2.5 million, which could be made available for the delivery of primary care services. It sees the development of electronic links streamlining the current systems used by the Central Services Agency.

The consultation paper proposes that pharmacists' skills be used to extend prescribing support to GPs and to support the public in managing the medicines which they are prescribed. It acknowledges that legislative changes may be required to extend the scope of professionals able to prescribe.

A new community pharmacy strategy would look at how pharmacists could work in health promotion, providing advice on the treatment of minor ailments, supporting the public in the better use of medicines and repeat dispensing. The possibility of schemes like Personal Medical Services contracts is also envisaged for pharmacy.

The consultation period on 'Building the Way Forward in Primary Care' is open until March 2. New arrangements should start to be put in place from April.

Aileen Crossin (left) has taken over from Fiona Harte as president of the Ulster Chemists' Association. Ms Crossin is a member of the Pharmaceutical Contractors' Committee, CPAC, the Clinical Governance Group and the Specialist Drugs Group

'Tonight' With Trevor

Pharmacists are being urged not to be put off supplying emergency hormonal contraception, following another undercover 'exposé' shown on ITV last week.

On 'Tonight With Trevor McDonald', a 15-year-old girl was sent into pharmacies in Manchester that were participating in the Health Action Zone scheme to supply Levonelle under patient group directions. The programme showed one pharmacist supplying the girl with Schering PC4 and a Levonelle leaflet, as well as telling her the wrong dosage.

In two pharmacies in Liverpool that were not operating a PGD, the girl told the pharmacist that she was 16 and was able to buy Levonelle. In accordance with the guidelines issued by the Royal Pharmaceutical Society, pharmacists must be satisfied that the client is over 16, but do not require any documentary evidence.

The programme reported that the pharmacist who supplied the PC4 has been withdrawn from the HAZ scheme. A spokesman for the scheme was not available to confirm this as *C&D* went to press.

Beverly Parkin, director of public affairs at the Royal Pharmaceutical Society, said that a statement from the Society had been sent to the programme on Thursday and that they expected this to be used in the programme. She would be writing to the editor of the programme to ask why they had not used the statement that the RPSGB had provided them with on Thursday.

"Pharmacists have been contacting the Society to say that the 'sensational' reporting of some sections of the media is putting them off supplying EHC. This cannot be in the public interest. It's important to reiterate that there has been a vote of confidence in pharmacists from the public and Parliament," she added.

Ms Parkin also said that the Society was working with less sensational sections of the media to ensure that the public know about the EHC service provided by pharmacies and that pharmacists are 'ready, willing and able to take up the challenge!'

Info loophole to be closed

The Government intends to use powers in the Health and Social Care Bill to prevent companies selling patient information to the pharmaceutical industry.

A recent court case allowed Informatics Ltd to sell such information for marketing purposes. The Department of Health said last week: "The aim of such marketing was to drive up the costs of the drugs prescribed on the NHS and, if successful, would lead to a waste of resources. We do not believe it is right that companies should make money out of patient information in this way."

The aim of clause 59 of the Bill is to close this loophole, but not, as some commentators have suggested, to ban independent reports. The position was to be set out in the Committee stage by John Denham on Thursday, after *C&D* went to press.

"Confidential information should be used only where there is a real need and where it is clearly in the interests of patients and the public. And, critically, only when there is no reasonable, practicable alternative," he said.

While the Government believes informed consent for the use of confidential patient information should be obtained wherever possible, this sometimes cannot be done. The Bill would enable doctors to share patient information in such circumstances if it would benefit patients and the public. The aim is to safeguard existing practices, such as cancer registries, that help to develop more effective treatments.

PSNC claims success for lobby on Bill

Pharmaceutical Services Negotiating Committee has been successful in lobbying for an amendment to the Health and Social Care Bill, which will protect the position of existing pharmacy contractors.

Health minister Lord Hunt has accepted arguments that the Bill would have allowed primary care centres to offer pharmaceutical services under Local Pharmaceutical Service contracts without having to take into account existing pharmaceutical services. The amendment means that health authorities will now not be able to allow an LPS scheme without taking into account existing services.

"This is an important victory for us," said PSNC chairman Wally Dove. "In our meetings with Lord Hunt and his civil servants since the Bill was published, we have been stressing our concern that the introduction of LPS contracts could have a damaging effect on existing pharmacy services, especially where those new LPS services are provided by people other than pharmacy contractors."

Price controls on generics cut costs

Generic prices fell by about 30 per cent in 2000, a saving to the NHS of £170-180 million. Most of the falls were due to the Government's maximum price scheme, introduced in July 2000.

The highest price increases were for digoxin tablets 62.5mcg (28-pack) at 73 per cent, followed by loperamide 2mg capsules (30), aspirin tablets 300mg enteric (100), co-codamol effervescent 8mg/500mg (100), digoxin 125mcg (28) and 250mcg (28), paracetamol tablets 500mg (100), lorazepam tablets 2.5mg (100), clomipramine capsules 10mg (28) and dothiepin capsules 25mg (28).

The savings are based on the main medicines prescribed and available generically, defined as those subject to the Government's price control measures, and any other preparations in the top 200 generic medicines by net ingredient cost in the first six months of 2000.

Call for debate on NHS rationing

There should be an informed, public debate on what the NHS can and cannot provide, a year-long review has decided.

The 'Healthcare Funding Review', published this week, sees little potential in alternative funding mechanisms, which could prove more expensive to run and would not provide equal access to everyone. Instead, there should be a more open and honest approach to rationing.

The report says that the concept of the NHS as a comprehensive service may have outlived its usefulness and that it will be increasingly common to see treatments excluded from the NHS if they are judged to be of limited clinical effectiveness. The public should be brought into discussions about the cost effectiveness of treatment and the appropriate use of funds.

The Royal Pharmaceutical Society's president, Christine Glover, was a member of the steering group that led the review, which was conducted by the British Medical Association's health policy and economic research unit. Other contributors included representatives of patient and nursing organisations, the pharmaceutical industry and the private sector.

Speaking at the launch on Tuesday, BMA chairman Ian Bogle refused to be drawn on which treatments might be excluded from the NHS – it would be up to the public to debate. If people were given good, scientific information they should be capable of making the right decisions. That information should come from bodies such as the National Institute for Clinical Excellence, not the Government or BMA.

The report looks at whether there should be a package of essential services on the NHS, with other services available privately to paying customers. But previous attempts to define an explicit core service have proved unsuccessful. In the UK such attempts usually focus on listing excluded treatments such as IVF, tattoo removal and cosmetic surgery, but these are not universally available on the NHS and represent a tiny proportion of its budget.

The role of the private sector is likely to become particularly important in providing a market for drugs that are judged clinically effective, but not cost effective within the context of NHS funding priorities.

"Clear and robust arrangements for obtaining these treatments via the private sector will be needed, not only to cater for this sector of demand, but also to encourage continued innovation and development in the industry," the report says.

Criteria for rationing could include 'need' or ability to benefit; choosing a more cost-effective treatment, for example, would allow treatment to be extended to a larger number of people. Other important factors might be how the treatment affected quality of life and longevity, or whether it reduced inequalities in people's experience of health across society as a whole.

"Rationing will always be needed, regardless of the level of funding provided, and the Government should now acknowledge this in a more honest and transparent manner," the review says.

IN BRIEF

OTC wrong way around

Thank you to those eagle-eyed readers who have drawn attention to an error in Question 4 of 'Test Your Knowledge on Pain' in last week's issue of Over the Counter (p34). The correct answers are 4a and c.

Internet pharmacy book site

An online bookshop aimed at professionals and academics has been set up with an area devoted to pharmacy and pharmacology. Simon Boisseau, formerly of the Pharmaceutical Press, is managing director of *www.profbooks.com*, and pharmacist and journalist Pamela Mason edits the pharmacy section.

Call for pharmacist editor – or an EGM

Over 30 pharmacists have signed a motion calling for the new editor of the *Pharmaceutical Journal* to be a pharmacist.

They have written to the Royal Pharmaceutical Society's Council threatening to call an emergency general meeting if the post goes to a non-pharmacist.

There was speculation that Council was to approve a candidate this week, but the Society could not comment on the matter nor say what stage of the selection process had been reached.

A spokesman for the group which had collected the signatures told *C&D* the aim was to alert Council to the strength of feeling before it appointed the wrong person. He hoped that a pharmacist would be chosen and there would be no need to hold an EGM.

When asked why a petition was not organised last autumn, when the post was first advertised, he said many had hoped the Council would change its views, but there had been no indication of this.

"We feel it would be unthinkable for the journal to fall into the hands of a non-pharmacist," he said. There was a risk that a lack of intimate knowledge of pharmacy would expose the editor to undue influence from Council and the Society's administration.

He said the group was also worried about a lack of transparency in decision-making: "We thought they would have learned their lesson from the flat purchase episode."

Elderly reluctant to ask a pharmacist

More than one fifth of people over 65 (22 per cent) and 20 per cent of 55-64-year-olds could not name a single drug commonly found in many OTC medicines.

Yet people over 55 are the least likely of all age groups to ask their pharmacist for advice about medicines. Only 27 per cent of over 65-year-olds would ask a pharmacist, despite the fact that half of those over 70 take prescribed drugs. Almost one-third of people would not bother to tell the pharmacist about the medicines they were taking unless they were asked.

Most people (53 per cent) and women in particular (61 per cent) are aware that paracetamol is found in many OTC medicines, but only 35 per cent of people know the same is true for aspirin.

The findings came to light in a survey carried out for the Doctor Patient Partnership and published last week at the launch of the 'Be clear about your medicines' campaign, which warns about the dangers of mixing medicines. A leaflet, being distributed through pharmacies, features a medicines card for older people to list the medicines they are taking (*C&D*, January 27, p6).

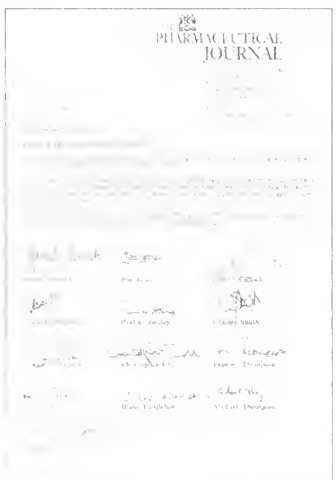
Health minister Lord Philip Hunt said at the launch: "It is of great concern that older people, who are the largest users of medicines, are least likely to seek advice on medicines from their pharmacist."

He welcomed the campaign as part of the Government's programme to make better use of community pharmacists' skills, particularly in medicines management and working with GPs in their practices.

Pictured at the launch of the 'Be clear about your medicine' campaign are (from left): Gordon Lishman, director general, Age Concern England; health minister Lord Hunt; RPSGB Council member Peter Curphey; Dr Catti Moss, GP and trustee of the DPP; and Dr Rob Hick, Discovery Health Doctor

PJ staff claim 'inconsistencies' in editor appointment process

Staff from the *Pharmaceutical Journal* have written to Royal Pharmaceutical Society Council members expressing concern over the appointment process of their new editor.


PHARMACEUTICAL JOURNAL

A copy of the letter, which has been signed by 13 members of staff, including all journalists except acting editor Andrew Haynes, was sent to *Chemist & Druggist* on Wednesday. The signatories say in the letter that they wish to make clear their deep concern over the process of finding a successor to Douglas Simpson as editor of the *PJ*.

"In particular, we are concerned by inconsistencies in the appointment process. The process has not taken proper account of the job description, changes to which have not been approved by Council. We wish to make it clear that we have no confidence that the process will have produced the best candidate to assume this responsible position.

"Despite the length of the process, and the demoralising effect this has had on existing staff, we believe that the process should be restarted and conducted in a more transparent manner."

e-patient records within four years?

Every adult patient will be able to access their own 'at-a-glance' electronic health record (EHR) over the next four years, health secretary Alan Milburn has promised.

The EHR will contain summarised data such as name, address, NHS number, GP and contact details, previous treatments, ongoing conditions, current medication, allergies and the date of any next appointments. Some five million people should have their own lifelong EHR by 2003, rising to 25 million in 2004 and to every person in the country by March 2005.

However, it remained unclear what format EHR would take, nor who would be able to access or amend records.

A Department of Health spokesman suggested on Tuesday that such details would be resolved by pilot schemes being operated at several sites around the country.

However, he thought it more likely that patients would have their own smart cards and carry their own data, rather than give health professionals an identifier number to allow them to access a central data record.

Survey questions Levonelle popularity

The introduction of over-the-counter availability of Levonelle, the emergency hormonal contraceptive, may have had less support from health professionals than first thought.

A Taylor Nelson Sofres survey suggests that just over half of GPs (53 per cent), and only 57 per cent of pharmacists were in favour of the move to wider availability. The sample sizes were 200 GPs and 70 pharmacists.

The results of the survey were issued last week, although the survey was conducted in December, before the legislative change allowing levonorgestrel to be supplied without prescription. The survey found that 43 per cent of GPs felt that pharmacists were not sufficiently trained to supply the morning after pill.

Over 70 per cent of pharmacists were concerned that they would be able to supply EHC without taking a patient's medical background fully into account, says Taylor Nelson Sofres. There was also concern that proper consultations would not always be carried out in pharmacies.

HOSPITAL REPORT

What lies ahead for Scotland?

Now we finally have the Scottish Health Plan - 'Our National Health' - what does it say about pharmacy? We get a few mentions, but not much that is concrete. That will be saved for the promised pharmacy strategy.

The Scottish Plan has similarities to the English one, but many differences, too. There are no promises to employ hundreds more doctors and thousands more nurses, only some stated expectations on increased numbers of doctors.

There are similar statements in both plans on widening prescribing rights and breaking down professional barriers.

So what will the Scottish Pharmacy Strategy say? Hopefully, what the profession in Scotland wants it to say! The

"I can only assume that the Scottish Pharmacy Strategy will appear later than the English one"

promise in 'Our National Health' is that the Scottish Executive Health Department will work with pharmacy organisations on the strategy.

As I have not heard about any such discussions, I can only assume that the Scottish Pharmacy Strategy will appear relatively later than the English one.

The full implementation of the Sutherland Report on care for the elderly will take a massive slice of any available monies, effectively reducing those which could have been used on implementing a pharmacy strategy.

It is likely that a similar performance management framework for hospital pharmacists will be instituted. However, as we still have to wait to see what this entails south of the border, comparisons will be delayed. Almost certainly, improved use of pharmacy technicians will be envisioned.

It is fine to say that pharmacy services will be designed around the patient and not the organisation, but unless the problems of recruitment and retention of both pharmacists and technicians are addressed, both of these documents might be a waste of paper.

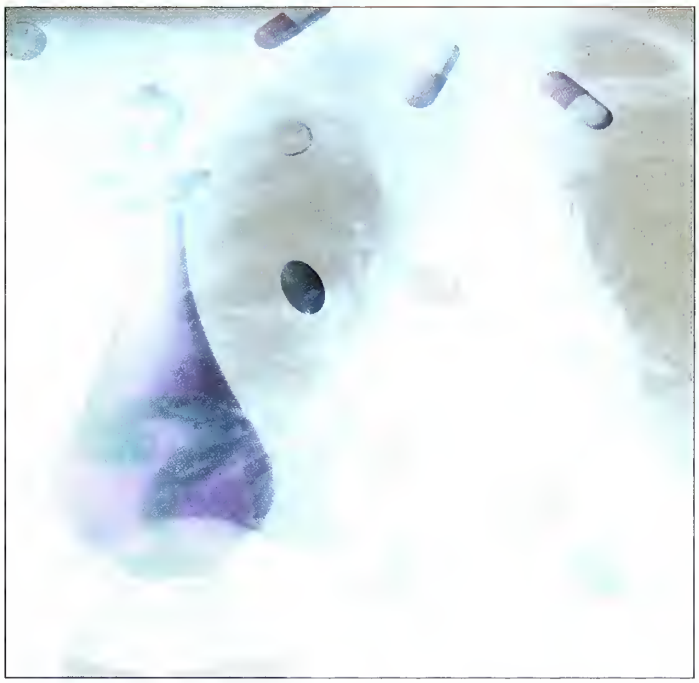
The bright future pictured by the Government is being undermined by the Whitley Council Management Side, who seem oblivious to any Pharmacy Strategy, and seem to think that all in the hospital pharmacy garden is rosy.

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

Use NRT to test supply options



The pressure on the addicted to give up smoking shows no sign of slackening, but whereas a few years ago the surge of new year resolution sales decreased exponentially as February dawned, now my sales of nicotine replacement products are more constant throughout the year.

Certainly smoking cessation has become an important part of my practice and has evolved into a product sector that rivals any other on the medicines counter, both as a source of income and in its requirement for professional input.

Now this sector is set to change again with Zyban, already on NHS prescription, helping to support motivation and the imminent availability of nicotine replacement products on prescription. This surge of activity is a demonstration of the Government's commitment to smoking cessation as a national priority.

But once again scarce resources are at risk, and the National Pharmaceutical Association is right to highlight the major role that community pharmacists can play in ensuring the effectiveness of the policy (*C&D* February 3, p6).

I am already dispensing increasing quantities of Zyban, which at almost £100 per course of treatment is expensive, but so far I have received little feedback from patients and suspect that little evaluation of effectiveness of treatment is being conducted within my local surgeries.

In April nicotine replacement therapy will become available on NHS prescription and the demand could be massive. Presently many smokers are perversely prevented from using NRT by its high cost, but at a maximum of £6 for those who pay prescription charges and nothing for the remainder, the flood gates of demand could open wide. The danger of inappropriate prescribing without proper follow-up and support will greatly increase.

The greatest risk will come from the temptation for prescribers to issue single prescriptions to cover a theoretical course of NRT, or by the blanket authorisation to reception staff to issue repeat prescriptions on demand.

To be effective each script should only be authorised after a review of progress, but the necessary organisation of smoking cessation clinics in a surgery setting will only be established by the dedicated few. Such a system is too time-restrictive for many of the patients who would have to attend regularly.

The best way to achieve smoking cessation is by a controlled programme of nicotine replacement accompanied by counselling, and the community pharmacy provides the ideal setting from which to provide both services.

In fact, this service has been provided by community pharmacists and properly trained medicines assistants ever since NRT was made available over the counter. Its supply under the NHS would be a natural extension of this activity.

The availability of nicotine replacement products on the NHS is long overdue but to limit its supply only to prescription by GPs will miss a great opportunity to put into practice many of the aims of the NHS Plan.

The 'Pharmacy in the Future' document outlines an involvement by community pharmacists in supplying POMs under patient group directions, prescribing by pharmacists and the issuing and monitoring of repeat prescriptions. All of these routes are needed to provide essential flexibility for the efficient utilisation of NRT in the NHS.

NRT sales have been successfully supervised as OTC therapy for many years in community pharmacy, so I would go further than the NPA and suggest that here is a unique and early opportunity to fully evaluate all three 'Pharmacy in the Future' roles.

And, as NRT is not yet on FP10, using community pharmacists as an alternative access to help for smokers would not only ease the GP's burden but, as an added bonus, overcome the problem of treading on politically sensitive medical tarsals.

Staying sceptical to the last!

I am delighted that the Norton Advantage loyalty scheme has now been made so transparently clear that, since its latest clarification, another 290 pharmacists have joined (*C&D* February 3, p25).

For my part I will continue to remain sceptical about its true advantage, but as a member I do use the scheme when I need to buy from the wholesaler.

However, there is more to buying pharmaceuticals than just generics, so I will remain loyal to my established suppliers and continue to enjoy the benefits of 'wheeling and dealing' over the whole market.

Statutory Committee

Washing facilities were 'disgraceful'

A London pharmacist, who admitted allowing a bottle labelled methadone to remain outside the Controlled Drugs cabinet at his premises for about three months, has come close to being struck off.

Prashant Patel, whose registered address is 400 Mare Street, Hackney, London, also admitted that the toilet and washing facilities at a pharmacy he owned in Hackney were in a "disgraceful condition" the Statutory Committee was told last month. Mr Patel had pleaded guilty at Thames Magistrates Court and been convicted on April 14, 2000, of two offences of unsupervised sales of medicines.

Mr Patel admitted an allegation that he allowed the same pharmacy to remain open without a pharmacist in personal control between 2.30pm and 4pm on July 1, 1999, but denied permitting untrained, inexperienced staff to serve on the medicines counter.

Geoffrey Hudson, for the Society, said Mr Patel, who owns five pharmacies, known as Clockwork Pharmacies, in north and east London, was in charge at Mare Street on July 1, 1999, when no pharmacist was on duty between 2.30-4pm, and unqualified staff were unable to contact him.

Mr Hudson said it was fact that on that afternoon the pharmacy was being manned by two untrained assistants and a sale from the medicines counter took place.

Committee chairman Lord Fraser of Carmyllie QC said the Committee found the allegations and convictions against Mr Patel proved. Although they found his misconduct was such to render Mr Patel unfit to have his name on the Register, they had decided instead to issue him with a "stern reprimand".

Manager stole for a second time from his employers

A pharmacist, who was given a second chance by his employers after they found him taking cash, stole over £1,000 from them two years later, the Statutory Committee heard.

Anthony Clive Jones of Newcastle upon Tyne, Tyne & Wear, was ordered to be struck off the register in January after the Committee heard he had been convicted, after pleading guilty, at Sunderland Magistrates Court in June last year to stealing £794.39 and £328.15 from the South Hylton pharmacy where he worked as a manager.

Geoffrey Hudson, for the Society, said Mr Jones started working for the Gill and Schofield Pharmacy in 1998 and began to have financial problems. He described how Mr Jones delayed banking the takings and borrowed money from them, although he repaid this.

When his employers discovered what was happening, one of them agreed to help him with an interest-free loan of £1,000 on condition he stopped borrowing cash from the business.

In January last year, Mr Jones kept back a cheque payable to the chemist for £794.39 and when he banked it in early February, held on to cash from the takings for the same amount.

A similar thing happened with a cheque for £328.15 but, by then, his employers had noticed cheques were being cashed late and had marked the money. Mr Jones was caught last May with some of the marked cash on him. When interviewed by police, he admitted what he had done.

Mr Jones was sentenced to 18 months' probation and 80 hours' community service by the magistrates, and ordered to pay costs of £80.

He claimed he had had financial problems over the last few years. "My intention was to pay it back as I had done before," he told the police.

The chairman told Mr Jones that the character of the conviction and the amounts involved meant the Committee had no option but order the removal of his name from the Register. Mr Jones has a right of appeal.

Breathalysed at work after drink driving

A pharmacist who drank half a bottle of whisky and some wine before driving to work a few hours later has been ordered to be struck off.

Police were called to the pharmacy where he was working and when he was breathalysed he was found to be three times over the drink drive limit, the Royal Pharmaceutical Society Statutory Committee was told in January.

In September 1999, Brian Hope Robertson, of Carlisle, Cumbria, had pleaded guilty at West Allerdale Magistrates Court to driving while over the prescribed alcohol limit. On December 2, 1999, he was fined £300 and disqualified from driving for 27 months, to be reduced if he completed a drink drive rehabilitation course.

Geoffrey Hudson, for the Society, said police were called to a pharmacy in Maryport, Cumbria, on September 19, 1999. They found Mr Robertson being restrained by a local doctor.

The pharmacist, who had driven there that morning from his home, "appeared to the officers to be in an inebriated state", said Mr Hudson. When he was breathalysed he was found to be three times over the limit.

It was also alleged that Mr Robertson had been guilty of misconduct while working as a locum pharmacist at the Moss Chemists in Asda, Carlisle, on September 17, 1999.

A security officer had approached Mr Robertson and found his breath smelt of alcohol. Mr Robertson's car keys were taken from him, as a result, and he was asked to leave the store. He was then given money to go home by taxi.

The Committee heard he had sought help for his problem and attends Alcoholics Anonymous regularly.

Committee Chairman Lord Fraser of Carmyllie QC said they found the conviction and misconduct proved and ordered Mr Robertson's name be removed from the Register.

Lord Fraser added the Committee wished to encourage Mr Robertson's course of recovery and said they would contemplate an application for restoration in a year's time, provided they were confident there had been no relapse in the meantime. Mr Robertson has a right of appeal against the decision.

Pharmacist admits falsely claiming locum fees for his wife

A young pharmacist from Manchester, who admitted he had fraudulently claimed locum fees for his wife from his employer, has been given a reprimand.

Mohammed Abdul Majid Siddiqui had denied doing this, but when told it could lead to criminal proceedings, he confessed, the Statutory Committee of the Royal Pharmaceutical Society was told last month.

Mr Siddiqui, of Chorlton, was working as a full-time pharmacist at Superdrug in Piccadilly, Manchester, at the time, and his wife worked there on occasions as a locum pharmacist.

Geoffrey Hudson, for the Society, said that Mr Siddiqui was working on a Sunday in June 1999 and was due to be paid double time. He made a claim to his employers for a locum – his wife Humera Ahmed – who then received a payment of £127.

The committee heard loss prevention manager to Superdrug plc, Roy Dodsworth, was called to investigate the payment in August 1999. When he confronted Mr Siddiqui, the pharmacist claimed he had not been working on the Sunday "but his wife had".

Although Mr Siddiqui was told two members of staff who had been working in the pharmacy on that day had identified him as being the pharmacist in charge at the time, he continued to deny he had been there.

At a later interview Mr Siddiqui admitted what had happened, including that his wife had not worked on that day, and he was dismissed for gross misconduct.

In June last year, Mr Siddiqui was interviewed by David Young, an inspector for the Society.

"Mr Siddiqui admitted to Mr Young that he had acted dishonestly," said Mr Hudson. He also "accepted it was conduct likely to bring the profession into disrepute".

Mr Hudson said that Mr Siddiqui had said he was sorry and had agreed to pay the money that had been claimed.

Mr Siddiqui used a locum payment form to make the claim. Mr Dodsworth told the Committee: "I took the view that this was a one-off offence."

When interviewed by Mr Young, Mr Siddiqui admitted he had lied about what had happened. He is now working for another pharmacy group.

Committee chairman Lord Fraser of Carmyllie QC expressed concern about the delay in bringing the allegations against Mr Siddiqui. The pharmacist was also alleged to be guilty of misconduct by submitting the claim for payment and removing the copies of the locum payment forms in an attempt to deceive.

In the circumstances of the case – the "considerable delay" and the fact that Mr Siddiqui's present employers and Superdrug viewed his action as a one-off – the Committee gave Mr Siddiqui a reprimand.

are you in the clear yet?

If you're guilty of spending too long on sourcing generics, we have great news.

With Norton Advantage, you'll no longer waste hours of your valuable time dealing individually with numerous different suppliers. No more tedious double-checking prices against each other. No more working your way through piles of separate invoices.

Instead, you place a single order in the knowledge that you're getting the best possible deal – and by doing so, you'll be saving as much as one working day a month.

Simplified, streamlined and more transparent than ever, Norton Advantage makes life easier in every way – and with instant online access to your account status, you can also fine tune each order to maximise your bonus rewards.

So if you haven't already, join now on 0800 697 311
or visit www.nortonadvantage.com

NORTON Advantage®

the difference is clear

Script specials

Femara licence extended

The product licence for Femara (letrozole) has been extended to include two new indications.

These indications are:

- for use as a first line treatment in postmenopausal women with advanced breast cancer
- pre-operative therapy in postmenopausal women with localised hormone receptor positive breast cancer, to allow subsequent breast conserving surgery in women not originally considered suitable candidates for this surgery.

IN BRIEF

A licensed propranolol solution

Rosemont has launched Syprol, a propronalol hydrochloride solution. It has the same formulation as the Rosemont propranolol hydrochloride solution, which was previously supplied under Rosemont's specials manufacturer's licence. The prices for 150ml are £13.30 for the 5mg/5ml, £17.50 for the 10mg/5ml and £21.25 for the 50mg/5ml.

Rosemont Pharmaceuticals Ltd.
Tel: 0113 2441999.

Oilatum Cream reformulated

Pharmacists should be receiving a reformulated, fragrance-free version of Oilatum Cream from March onwards. The active ingredients will be light liquid paraffin and white soft paraffin. The preservative has been replaced with benzyl alcohol.

Stiefel Laboratories (UK) Ltd.
Tel: 01628 524966.

NICE consults on guidelines

The National Institute for Clinical Excellence has begun consulting on its fifth work programme. Possible topics include drugs for early initiation of thrombolysis in acute heart attack, STI-571 for chronic myeloid leukaemia and surgical treatments for morbid obesity.

Schering-Plough launches a novel antihistamine

Schering-Plough has launched a new antihistamine that also relieves nasal congestion.

NeoClarityn (desloratadine) is the first antihistamine with significant anti-inflammatory properties and is also a more potent H_1 receptor than any second generation antihistamine.

As nasal congestion and stuffiness are partly caused by systemic inflammatory mediators, NeoClarityn is more effective at relieving these symptoms than other oral antihistamines. Desloratadine is the primary active metabolite of loratadine.

The dosage for adults and children over 12 years of age to relieve symptoms of seasonal allergic rhinitis is 5mg daily. NeoClarityn should be used with caution in patients with severe renal insufficiency.

NeoClarityn does not cause drowsiness or potentiate the performance-impairing effects of alcohol. Side effects include headache, dry mouth and fatigue.

No clinically-relevant interactions have been observed with erythromycin or ketoconazole. Desloratadine is excreted in breast milk and should not be given to breast-feeding women.

NeoClarityn is a Prescription Only Medicine. The basic NHS price is £7.57 for a pack of 30x5mg tablets.

Schering-Plough Ltd.
Tel: 01707 363636.

New paediatric Singulair for 2-5s

Merck Sharpe & Dohme is launching a paediatric 4mg strength of its Singulair (montelukast) tablet.

Singulair Paediatric 4mg chewable tablets are licensed for children aged two to five years old. The dosage is one tablet at bedtime.

In a 12-week placebo controlled study in patients aged two to five, montelukast 4mg daily improved parameters of asthma control compared to placebo, irrespective of concomitant controller therapy. It also decreased 'as needed' beta agonist use and corticosteroid rescue for worsening asthma. The only adverse experience commonly reported as drug-related was thirst.

Montelukast 4mg tablets have been evaluated in 573 patients in this age group. A cough was very commonly reported as a side effect (>1/10).

The basic NHS price for a pack of 28 tablets is £25.69.

Merck Sharpe & Dohme Ltd.
Tel: 01992 467272.

Flu levels to trigger zanamivir prescribing

Levels of circulating influenza virus have risen to a level at which the prescribing of zanamivir should be considered under NICE guidelines.

Consultation rates for influenza and influenza-like illness in England rose from 33 to 45 consultations per 100,000 population for the week ending January 28.

The threshold for zanamivir prescribing under NICE guidelines (50 consultations per 100,000) has now been reached across a large part of England. Advice from the Public Health Laboratory Service and Royal College of General Practitioners is that this is soon likely to be reflected in the overall national figure.

SIGN issues rheumatoid arthritis guidelines

Clinical guidelines on the treatment of rheumatoid arthritis (RA) are likely to change the way the condition is treated in Scotland.

The Scottish Intercollegiate Guidelines Network (SIGN, similar to the National Institute of Clinical Excellence in England and Wales) has produced the following guidance on the treatment of RA:

- All patients with persistent joint inflammation lasting more than 6-8 weeks and already receiving painkillers and anti-inflammatory drugs should be referred for a specialist rheumatology opinion and treatment within 12 weeks of symptom onset. There is firm evidence that early treatment of RA with disease modifying anti-rheumatic drugs (DMARDs) will control symptoms, improve quality of life and delay disease progression.
- All patients with early RA should have access to a wide range of multidisciplinary clinical assistance, including GPs, rheumatologists, nurse specialists, physiotherapists, occupational therapists and dieticians.
- Public awareness of RA should be increased so that the symptoms are recognised at an early stage.
- Patients should be encouraged to do simple dynamic exercises of low to moderate aerobic intensity.

NSAIDs linked to miscarriage – but not to birth problems or abnormalities

Use of non-steroidal anti-inflammatory drugs (NSAIDs) during pregnancy has been linked to an increased risk of miscarriage.

But the research, which was published in the *British Medical Journal*, found no significant link between the drugs and congenital abnormality, low birth weight or pre-term birth.

The paper combined a population-based cohort study and a case-control study, both based on data from a prescription registry, the Danish birth registry and one county's hospital discharge registry.

Odds ratios for receiving NSAID prescriptions in the weeks before miscarriage ranged from 6.99 when prescriptions were taken during the last week before miscarriage to 2.69 when taken between seven and nine weeks before. There was no information about gestational age at time of miscarriage.

This observed link between NSAIDs and miscarriage is new and it needs confirmation, suggest the study's authors.

Migraine or Headache? Cold n' Flu? Rheumatic Pain? Sore Throat?

alternative to existing solution

high profit returns

effective pain relief

A solution . . .

ULTRAMOL Prescribing Information

Indication: For the relief of most painful and febrile conditions.

Presentation: Ultramol effervescent tablets. Effervescent tablets each containing Paracetamol Ph.Eur. 500 mg, Codeine Phosphate Hemihydrate Ph.Eur. 8 mg and Caffeine 30 mg. Supplied in boxes of 60 tablets. Basic NHS cost of 60 tablets £2.69 PL 11723/0282

Dosage: For oral administration only. The effervescent tablets should be dissolved in at least half a tumblerful of water before ingestion. **Adults, including the elderly:** Two tablets not more frequently than every 4 hours. Maximum of 8 tablets per 24 hour period. **Children:** Not recommended for children under 12 years. **Contra-Indications:** Hypersensitivity to paracetamol, codeine or caffeine. **Warnings:** Special care should be observed in any patients with severe renal or hepatic impairment. Excessive intake of tea, coffee or cola with these tablets may make patients tense and irritable. Nursing mothers should also be advised to avoid these beverages as irritability and poor sleeping patterns have been observed in breast-fed infants. Each tablet contains 362 mg sodium. This should be taken into account in patients requiring sodium restriction. **Interactions:** With domperidone, metoclopramide, cholestyramine and warfarin (and other coumarins), interactions may occur. **Side-effects:** Adverse effects to paracetamol are rare, but hypersensitivity and blood dyscrasias have been reported. Codeine can cause opioid effects, e.g. constipation, nausea, vomiting, dizziness, light headedness, confusion, drowsiness, urinary retention. Frequency and severity depend upon dose and duration of therapy and patient susceptibility. Tolerance and dependence can occur, especially with prolonged high dosage of codeine. Caffeine may produce headache, tremor, nervousness, irritability, sleeplessness, palpitations and GI tract irritation. Legal Category: P

Further information is available from: Sterwin Medicines, One Onslow Street, GUILDFORD, Surrey, GU1 4YS
Telephone: (01483) 554091
Fax: (01483) 554809
Date of Preparation: June 2000 **Reference:** STW 0016

Sterwin Medicines

Freephone: 0800 3283627
Fax: 01483 554809
E-mail: sales@sterwin.com
www.sterwin.com

Counterpoints

OTC diabetes test targets 'worried well'

Bayer Diagnostics is promoting its recently launched Clinistix OTC self-testing diabetes kit (*C&D* December 9, 2000, p10) to pharmacy customers who suspect they might have diabetes.

Clinistix OTC is an easy-to-use test, which checks for glucose in urine. The foil-wrapped tests come in CD-style packs that include a booklet about diabetes.

An eye-catching PoS stand is available free for pharmacies with eight kits (trade price: £18.08, rsp £36.45). A pack of four refill kits is also available (trade price: £9.04, rsp £15.80). A single test retails at £3.95.

Martin Wadsworth, Bayer Diagnostics' self-test marketing manager, explains: "The OTC test is aimed at the 'worried well' who want to find out if they have diabetes."

Diabetes UK estimates that there are one million people in the UK who are unaware that they have Type 2 diabetes.

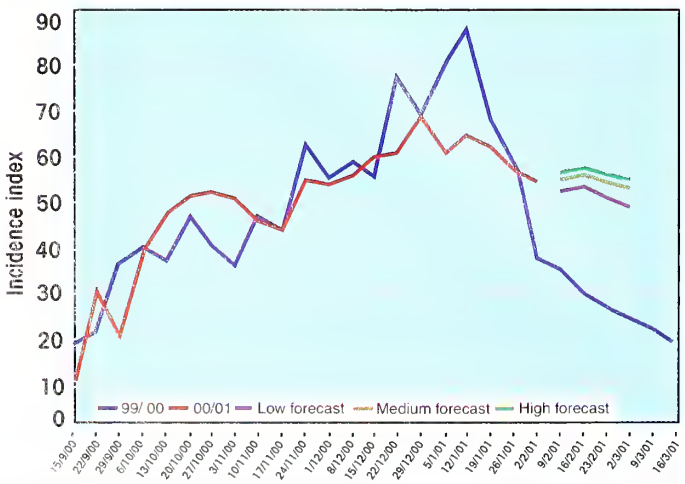
Bayer plc
Tel: 01635 563000.

Cough, cold & flu FORECAST

Information updated weekly by SDI

SPONSORED BY Benylin

United Kingdom	Status level	Number of weeks on status	Season 2000/2001 projected population affected by respiratory illness	2000/2001 vs. 1999/2000 cumulative season-to-date % difference
BIRMINGHAM	Alert	8 weeks	202,338	-11.17%
BRISTOL	Alert	7 weeks	36,737	9.69%
GLASGOW	Alert	7 weeks	47,793	-33.57%
LEEDS	Alert	8 weeks	129,675	5.16%
LONDON	Alert	6 weeks	641,090	-8.70%
MANCHESTER	Alert	7 weeks	181,411	-11.59%
NEWCASTLE	Alert	8 weeks	22,012	-7.60%
NORWICH	Alert	7 weeks	13,869	-8.13%



LamisilAT goes OTC

Novartis is supporting the over-the-counter launch of its LamisilAT antifungal cream (see *C&D* February 3, p12) with a £1.25 million media spend.

Consumer advertising starting in June will be in the national press, men's and women's magazines, in outdoor and ambient sites as well as on the internet.

Support materials include training packs for pharmacists and training packs and a reference document for counter assistants. Point of sale material includes shelf edgers, wobblers and counter units.

The launch is in time for the peak season for athlete's foot. Almost three quarters of sufferers experience an attack during the spring and summer. Over 20 per cent of the UK population suffers from athlete's foot.

Novartis Consumer Health.
Tel: 01403 210211.

Breathe deeply and Relax

SwissHealth is introducing a new aromatherapy aid in its AromaCard range.

AromaCard Relax is a pocket-sized snap and seal cassette designed to help people unwind safely and naturally with the help of soothing essential oils.

For maximum benefit, it is recommended to inhale slowly and deeply four to six times through each nostril, then wait five minutes and repeat if necessary. The cassette lasts for up to 60 days. Retail price is £7.95.

Trinity Sales & Marketing.
Tel: 01758 864455.

The inside approach to skin care

Medestea is launching a food supplement that contains natural extracts and is said to improve the appearance of wrinkles.

The supplement, ReviFace, is designed to increase oxygen and nutrient levels to help reduce lines in damaged and older skin.

There is a choice of two treatment programmes - standard (two capsules a day for 100 days) or intensive (three capsules a day for 60 days). Retail price is £29.95 for 40 capsules.

The product has been launched exclusively in Harrods and will be available to pharmacies from March.

Sunshine Health Supplies.
Tel: 01453 751395.

Keep your cool ... naturally

Amirose International is to start distributing its natural health products to pharmacies.

Ice Cool Stress and Tension Relief Patches are based on traditional ice-packs and are designed to relieve headaches, stress and tension.

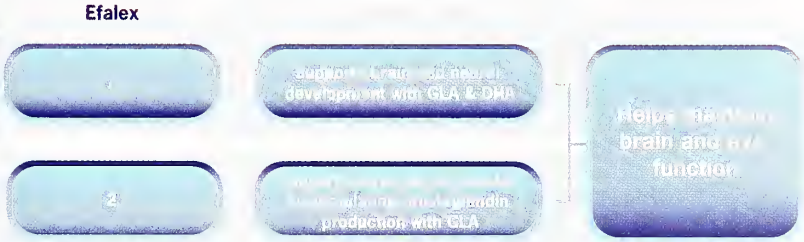
The patches contain menthol and are cut to fit either the forehead or temples. Retail price is £4.99 for a box of four temple patches or three forehead patches.

Amirose International.
Tel: 020 8554 3335.

Profit from our experience

The first multi-action supplement range from Nutricia

Introducing a new, multi-action approach to help maintain a healthy body through nutritional support and supplementation. Developed by nutritional experts, the Nutricia range is designed to help maintain good health at different life stages. Every nutrient is supported by published evidence. Each product has two or more ways of working. For example:-



The range includes supplements to help maintain healthy bones, healthy heart, healthy eyes, hormonal balance, iron intake and brain function. We also offer multivitamin supplements for men's and women's health, pregnant and breast feeding women, and an antioxidant formula.

he Nutricia range is backed by a £1 million spend on consumer and trade advertising, targeted mailings d POS. We will also be instigating a specific educational programme to Healthcare Professionals to raise vareness of the benefits of supplementation. Nutricia. No-one is more serious about nutritional support.

NUTRICIA SUPPLEMENTS
The science of well-being

IN BRIEF

Romantic message

Craakes Healthcare is supparting its Clearasil spat preventian brand with a £3 millian TV advertising campaign. On air in time far Valentine's Day, the cammercial has a ramantic theme designed ta appeal ta teenagers. The campaign will run from February 12 until March 18.
Craakes Healthcare Ltd.
Tel: 0115 953 9922.

Listen in

Whitehall Labarataries is supparting its Rabitussin caugh medicine with competitians an radia statians natianwide. At the end af February, each participating radia statian will affer its listeners the chance ta win a Robitussin branded fleece. Listeners will hear a noise distarted by the sound af a cough and will be asked to call in and 'decipher that noise'.
Whitehall Labarataries Ltd.
Tel: 01628 669011.

Baby talk

Avent UK is supparting its Avent Baby Skincare and Avent Future Mather skincare ranges with a natianal TV advertising campaign this manth. The cammercials will appear in pragrammes appealing ta wamen aged 16-34.
Cannan Avent.
Tel: 01787 267000.

Pharmadass is intraducing child-resistant caps an its HealthAid Strong Iran Formula and Balanced Iron Bisglycinate iron supplements. The mave is designed ta prevent iran paisaning among yaung children.
Pharmadass Ltd.
Tel: 020 8991 0035.

New distributor

Chemist Brokers is now the pharmacy distributar far Nice 'n' Clear natural head lice repellent latian from Natural Science. The praduct is a conditianing latian used after washing hair. It cantains Neem ail, a palm-ail based conditioning agent, tea tree, lavender, nettle and thyme extract.
Chemist Brakers.
Tel: 02392 222500.

Macleans twins are back

GlaxoSmithKline Consumer Healthcare is supparting its Macleans Whitening toothpaste with a £1 million national advertising campaign fram mid-February until March. The campaign will feature the twins TV commercial, where twin sisters swap dresses to confuse their boyfriends.
GlaxoSmithKline Cansumer Healthcare.
Tel: 020 8560 5151.

Baby's hair can be soft as can bee!

Johnson & Johnson is launching a mild honey shampoo suitable for babies, including newborns.

Johnson's Baby Honey Shampoo is specially formulated to help maintain the health of a baby's delicate hair and scalp.

The pH balanced formulation includes honey to help keep the hair soft and shiny without leaving it greasy.

The product's mild ingredients help to improve the water retention properties of hair as well as its softness.

The shampoo features the Johnson's 'no more tears' formula so it will not make a baby's eyes sting or water. It is gentle enough to be used every day.

The launch is supported by eye-catching PoS material that includes display stands and showcards.

Retail price is £1.89 for 300ml, £2.69 for 500ml.
Johnson & Johnson Ltd.
Tel: 01628 822222.

Soft 'n' silky

Collection 2000 is relaunching its Crème Powder Make-up with an improved formulation.

Collection 2000 Crème Powder Make-up has been developed using cream-to-powder technology to provide a silky feeling and long-lasting demi-matte coverage.

The formulation contains silicone-treated pigments, silk and vitamin E for improved performance and conditioning benefits. It also includes UVA/UVB sunscreens.

The product is available in three natural-looking shades - Nude, Natural and Oatmeal.

Retail price is £2.29.
Collection 2000 Ltd.
Tel: 01695 50078.

Black magic for Alldays

Procter & Gamble will launch a black pantiliner in its Alldays range in March.

Always Black has been developed to meet the cosmetic needs of women who are wearing dark underwear. It is intended to provide everyday freshness throughout the month.

The pantiliner combines a black dri-weave topsheet with a secondary soft layer, which wraps around the sides.

The backsheet is also black.

The launch will be supported by a national advertising campaign.

The pantyliner is available in normal size.

Retail price is around £2.09.
Procter & Gamble UK.
Tel: 01932 896000.

Mudd takes on a new complexion

Chattem UK is repackaging its deep-cleansing Mudd Masks.

The Mudd range comprises nine different masks, all containing pure, natural ingredients, and is formulated to suit different types of skin.

Mudd Masks are formulated to stimulate the circulation while absorbing excess oil and dirt from the skin, leaving it soft, invigorated and refreshed.

The masks are packaged in 75g tubes (rsp £4.49) and 15ml easy-to-open foil sachets (rsp range from £0.99 to £1.25). Free display trays are available for retailers.
Chattem UK Ltd.
Tel: 01256 844144.

ON TV NEXT WEEK

Avent Toiletries: C4, Sat

Clearasil: ITV, C4, Sat

Clinomyn toothpaste: GMTV, C4, C5, Sat

E45 and Skin Confidence E45: All areas except LWT, GMTV, TSW

Haliborange: GMTV

Ibuleve maximum strength: C4

J&J Skincare babywipes: All areas

Lemsip: All areas except CTV

Lil-lets: ITV

Macleans whitening toothpaste: All areas

NiQuitin CQ clear: U

Nivea Soft: All areas

Olbas: C5

Otex: C4

Oxy: All areas except U, CTV

Radox Vitality: ITV, C4, C5

Senokot: All areas

Seven Seas Pure Cod Liver Oil: B, G, Y, A, W, LWT, TT, C4

Simple: All areas

Pharmasite for next week: Zovirax, BiSoDol – Window. **Zovirax** – In-store. **Canesten Once** – Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Now Lamisil's stepping over the counter

expect your sales to leap with Lamisil®AT Cream

Terbinafine Hydrochloride

- The only one week treatment for athlete's foot that's fungicidal from the minute it's applied.
- Now available OTC.
- Long lasting protection for up to 3 months.
- Simple once or twice daily treatment.
- Unique formulation.
- Massive consumer advertising spend.

LAMISIL AT CREAM - FUNGICIDAL RIGHT FROM THE START

Prescribing information: LAMISIL AT. Presentation: Cream containing terbinafine hydrochloride 1.0% ww. Indications: For the treatment of athlete's foot and dhobie itch. Dosage and administration: The cream should be applied twice daily. The duration of treatment is one week for tinea pedis and one to two weeks for tinea cruris. Not recommended for children under 16. Contraindications: Hypersensitivity to terbinafine or any of the excipients. Precautions: For external use, avoid contact with the eyes. Pregnancy and lactation: Not recommended during pregnancy or lactation. Side effects: Redness and irritation at the site of application. Discontinue treatment if allergic reaction occurs. Legal category: P. Retail Price: £4.99 (7.5g tube). Product licence number: PL0030/0144. Product licence holder:

Novartis Consumer Health, Wimblehurst Road, Horsham, Sussex RH12 5AB.

Customer Careline 01403 218111 Fax 01403 323 919 Email customer.care@ch.novartis.com

A new way for your customers to spot check for diabetes...

It's a first.

Clinistix is the most convenient diagnostic urine sugar self-test kit for your customers.

It answers a real need.

How if they're worried about diabetes you can offer them this fast, simple test, before seeing the doctor.

Attractively presented.

Clinistix comes in an innovative cd-style pack with attention-grabbing point of sale.

It's got nationwide support.

Clinistix is backed by an eye-catching PR campaign in the national press.

Get in the picture.

For your exclusive POS stand with eight kits or a pack of four refill kits, contact your usual supplier

- 8 kits + merchandising unit (£18.08 trade)
- 4 refill kits (£9.04 trade)

retail price per kit - £3.95

(pip code 217-4574)

For further information call 01635 566281.

Bayer Diagnostics

Bayer plc, Diagnostics Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA

Clinistix

DIABETES SELF-TESTING

Pastures Green

Donald Macarthur takes a look at the issues surrounding pharmacy remuneration in Ireland and Italy in our series on the economics of pharmacy in Europe

The dispensing contract agreed between the Irish Pharmaceutical Union and the Irish Government in 1996 contained a reference in Clause 9 to pharmaceutical care, arguably a 'first' for Europe. Another distinctive feature of the market in Ireland, which has been in existence for many years, is the high proportion of private prescribing. This is because reimbursement under category I of the General Medical Services (GMS) scheme is limited to the lowest income group and their dependents; these 'medical card holders' account for about 30 per cent of the population.

The remaining 70 per cent (category II GMS) have to pay directly for GP, dental and pharmaceutical services up to statutory safety net limits, though about half have supplementary cover through the Voluntary Health Insurance Board. Category II patients suffering from one of 15 specified chronic illnesses receive free treatment for the exempting condition under the Long-term Illness Scheme. Other regular users of medicines in category II benefit from the Drugs Payments Scheme (DPS); their out-of-pocket costs are capped at IR£42 (£33.90)/calendar month/family unit.

The average pharmacy dispenses 32,000 prescriptions per year. Pharmacists are reimbursed for category I scripts on the basis of the pharmacy acquisition list price (Irish trade price) plus a fixed dispensing fee, currently IR£1.87 (£1.50); the latter includes an allowance towards the container, obsolescence and stock holding costs. The dispensing fee is adjusted in accordance with national pay round increases and the allowance factor is revised in line with increases in the consumer price index. Certain 'high-tech' products can be obtained from a nominated community pharmacist as long as the initial prescription originates from a hospital. To cover patient counselling, therapy review and ensuring rational, cost-effective usage, the pharmacy is paid a patient care fee (IR£30.44/£24.50 per month) instead of the normal dispensing fee.

Payment for private prescriptions - this includes those under the DPS - is not regulated, but generally attracts a 50 per cent mark-up on the purchase price, plus a variable dispensing fee.

The 1996 DoH/IPU contract also introduced controls on new premises for the first time. No more than one pharmacy should serve 4,000 people in urban areas (with a minimum of 250m between premises), but in rural areas the minimum figures are 2,500 inhabitants per pharmacy and 5km between pharmacies. The announcement of this change inevitably provoked a flood of openings and also saw the entry through acquisition of Boots. As any form of association (partnership, limited company, co-operative) is permitted, a small number of multiples have been around for some time, but chains have now grown greatly in both number and size, with Boots numerically strongest. Some doctors in rural areas also dispense, but far fewer now since contract terms were modified in 1999.

Ireland at a glance

pharmacy faculties	1
annual graduates	70
years of university education	4
total registered pharmacists in workforce	NA
community pharmacists	1,200
community pharmacies	1,181
community pharmacy coverage	3,035 inhabitants/pharmacy 60km²/pharmacy

Source: adapted from PGEU database, 1999

Italy

Italian pharmacies are required to receive a fixed margin of 26.1 per cent of the public price from wholesalers. However, for dispensing for the national health service (Servizio Sanitario Nazionale - SSN), pharmacies must pay a rebate on the cost of these products; the amount is lower for rural pharmacies than urban ones, and averages 4.2 per cent nationwide.

Just as in Ireland, special provision is made for 'high-tech' products approved centrally for use throughout the EU by the European Medicines Evaluation Agency in Canary Wharf, London. A standard rate of 26.7 per cent applies for products costing up to 300,000 lire (£98). On prices greater than this, margins decrease in defined stages (see the box below).

In protest at the regular failure of some local heath authorities to remunerate pharmacies on time, itself due to consistent underestimation of the drugs budget by national government, it was quite common for the profession to suspend direct reimbursement for all but life-saving medicines. This meant patients had to pay the full price and attempt to reclaim the difference between this and the normal co-payment charge themselves.

Strict geographical and catchment restrictions have maintained a fairly even spread of premises. If the population of a town is under 12,500, then one pharmacy per 5,000 inhabitants is allowed; above 12,500, the ratio falls to one per 4,000 inhabitants. In general, there must be a minimum distance of 200m between premises. As many assistant pharmacists are employed as owners. Around 1,000 premises, mainly in the north, are run by city councils.

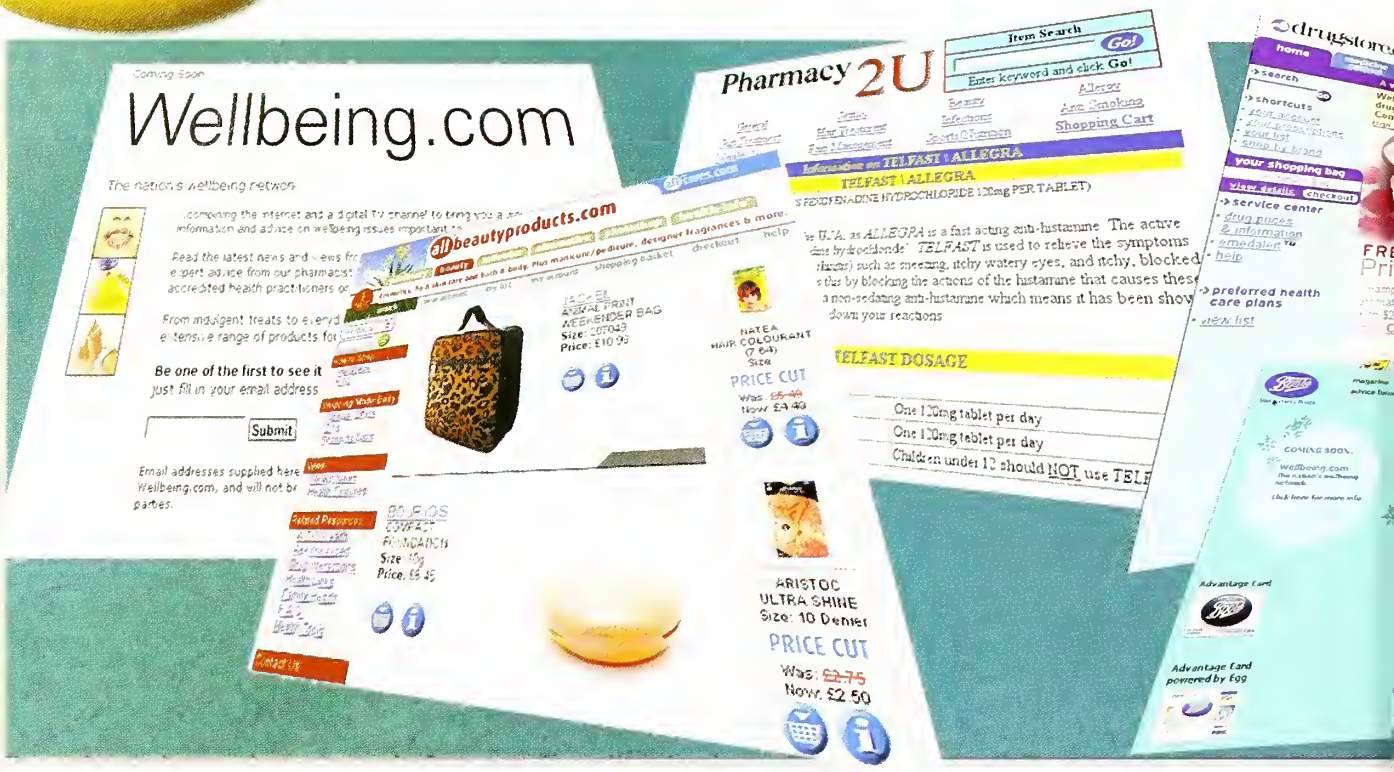
In places where the local population is less than 3,000, the pharmacy concerned receives an annual contribution paid jointly by the region, municipality and by urban pharmacies. Branch pharmacies can also be opened up in areas which show large population fluctuations, such as holiday resorts, but they can only operate at limited times during the year. This is the only situation in which a pharmacist can own more than one pharmacy.

Italy at a glance

pharmacy faculties	29
annual graduates	2,500-3,000
years of university education	5
total registered pharmacists in workforce	57,000
community pharmacists	34,000
community pharmacies	16,317
community pharmacy coverage	3,500 inhabitants/pharmacy 18km²/pharmacy

Source: adapted from PGEU database, 1999

Public price (Lire excl VAT)	Pharmacy margin (%)
<300,000	26.70
300,001-550,000	26.70 an 300,000 lire + 15.0 on remainder
550,001-1,250,000	21.38 on 550,000 lire + 14.5 on remainder
1,250,001-2,500,000	17.53 on 1,250,000 lire + 14.0 on remainder
>2,500,000	15.76 on 2,500,000 lire + 13.5 an remainder



Time to move onto the Web

Do you want to offer an e-pharmacy service? The options available are building up fast, as Guy L'Aimable and Charles Gladwin report

Now is a good time to get involved in e-pharmacy. The Government is backing it through its 'Pharmacy in the Future' plan, the hysteria and hype have vanished with the burst dot.com bubble, and few e-pharmacy entrepreneurs now have any exaggerated expectations about what the business will achieve.

The process of introducing e-prescribing has also begun and there has been a notable recent development: pharmacists are being offered tailor-made web sites through AYP, a partnership between the National Pharmaceutical Association/Go Chemist/IMS Health.

In April, meanwhile, UniChem is set to launch *www.pharmology.com* in the UK – a web site portal that will include an e-commerce facility and other services.

E-pharmacies' grim experiences in the much more mature US market have given potential UK players a better idea of how to pitch their own web presence. Take drugstore.com, one of the main US e-pharmacies. In the fourth quarter of 1999 it spent $25 million in advertising and gained 267,000 customers. Each customer 'cost' $94, but only spent $27. Drugstore.com is lucky to have a solid financial foundation – its parent is the Rite Aid pharmacy chain, which has 3,800 outlets.

Some purely web-based US e-pharmacy/healthcare businesses have failed because they ultimately lacked that financial back-up. These include drDRew.com, MotherNature.com and Eve.com. As Stephen Byrne, director of London-based media consultancy Digital Strategy, explains: "Management [of these US sites] did not understand the internet space they were working with. Some managers understood retailing, but did not understand the space. And other managers who thought they understood the space did not understand retailing."

The US e-pharmacy market, for all the hype, is still relatively minor compared to the established pharmacy infrastructure. A survey last summer by US-based Forrester Research found that only 5 per cent of online consumers said they had bought a prescription drug online over the previous six months, and 9 per cent expected to make an online purchase over the next six months. What was the reason for this reluctance? Sixty-two per cent said they would rather go to the local pharmacy; 35 per cent do not want to pay for delivery charges; 25 per cent do not trust the web's credit card security; 25 per cent do not trust the personal information they receive online; and 23 per cent have a good relationship with their regular pharmacist.

The message for UK pharmacists is: open up an e-pharmacy site, but tailor it to your local customers, keep the running costs down and do not expect it to reap a fortune.

This brings us to AYP Ltd, which aims to attract 2,500 pharmacies within three years. That target looks possible, given the NPA's influential backing.

Is this bad news for established e-pharmacy businesses, such as allcures.com and Pharmacy2U? Jai Cheema, allcures.com's chief executive, admits the move will have an impact, but welcomes it nonetheless. "We already face competition – the customer could go to ourselves, or to a High Street outlet. Nothing has changed," he says. "The online pharmacy market is so small that whatever happens, if it's going to grow the market, it's a good thing. More competition will only have a [huge] impact when the market is saturated."

Pharmacists should try and evolve as online operators, he adds, because in the current climate no-one is likely to lend them a lot to develop their online pharmacy brand.

"Establish your own client base and look after your customers because they are very important," he says.

The online pharmaceutical market, he reckons, will be worth around 3-5 per cent of High Street sales. "It [the online market] just augments what we've already got. My advice to consumers is to use your local pharmacy if you want. We're not here to overpower traditional pharmacies."

As with the traditional pharmacy market, the online version could see clusters of 'virtual groups' as pharmacies ally themselves to whatever suits them. John Davies, Mawdsley Group's retail services director and a non-executive director of Numark, agrees with this scenario. "Pharmacists will probably come together within their own trading groups to develop online sales. The Numark intranet and web site is well

developed, but it does not yet offer the ability to sell direct to the public, although specialist markets will be an obvious development," he says.

It arguably makes sense for most budding online pharmacies to ally themselves to a trading group they are familiar with. They understand the group's ethos and will feel comfortable about contacting it if problems arise.

The cost of setting up a web site – unless there are major differences between the offerings – will not be a factor. The 'branding' will. Pharmacies that have signed up with a virtual group and established their web sites with customers are unlikely to switch to another group, when this could entail a new web site design and possibly a new procedure.

Like many other UK observers, Mr Davies thinks the 'bricks and clicks' approach will work best. "It is almost inevitable that if e-pharmacies are to survive they will link up with existing retailers. E-pharmacy, direct to the public, seems just one step too far for most consumers."

However, Ian Bray, AAH Pharmaceuticals' marketing director, says the e-pharmacy sums do not add up. "A large proportion of the industry comes under strict NHS control and large segments of the population receive free prescriptions," says Mr Bray. "This begs the question of whether the consumer will pay 'over the odds' for extra services such as delivery."

And the vital repeat prescription business, he adds, relies on the over 65 year olds "... a grouping not as IT literate as the younger generation. It can be argued that demand will not be sufficient to sustain business," he says.

E-pharmacies also face fierce OTC competition from supermarkets' online ventures. While Mr Bray believes there is a place for e-pharmacy, the current level of demand is too low to justify it.

Allcures.com disagrees. "People who shop online expect to pay for their deliveries. Many pharmacists run a High Street delivery service and usually don't charge for it, so it shouldn't be a problem to offer the same service for local online orders," says Mr Cheema.

As for IT illiterate pensioners, "the over 50s [so-called silver surfers] are the biggest growing users of the Net. Older consumers might be shy today but in five years time they will be computer literate – and in that time the market will be a completely different animal."

Competition from big groups, whether Boots or supermarket multiples, is a threat, but Mr Cheema says *allcures.com* benefits from being a relatively small operation with lower operating costs, lower sales targets and a consequently lower break-even threshold.

The logistics of distribution has been a major factor in the success/failure of US e-pharmacies, which deal with vast distances and are under immense pressure to keep their delivery charges low. UK online pharmacies dealing with local customers will not have that problem. Those with national ambitions may have. Lindsey Fairbrother, Co-op Healthcare's business development manager-professional services, says e-commerce and general dispensing could be provided from central distribution points to save costs. "Once ETP is occurring, centralised distribution could be the way of the future. Pharmacy may become split into low cost, large scale distribution operations on the one hand, and highly trained pharmacists providing walk-in and appointment clinics for concordance and medicines management on the other," she says.

Allcures.com says the US evidence suggests otherwise. "Mail order pharmaceuticals have been available for 20 years, yet centralised distribution depots still haven't opened up there," says Mr Cheema. And customers still need to talk to pharmacists face-to-face, which they cannot do through such depots.

With all this B2C talk, it is easy to overlook the biggest online opportunity for pharmacies: Business2Business (B2B). B2B sites aimed at UK pharmacies range from credit brokers to wholesaler/generic/parallel import intermediaries.

The question is how pharmacies can develop their own B2B businesses. Established e-pharmacies are the pioneers. P2U's revenues last September were split 59:16 per cent in favour of B2B, and it has a host of B2B projects in the pipeline.

Boots, in the meanwhile, is developing e-procurement to cut its supply costs. The company can see the web making inroads in the Electronic Data Interchange network, but says it will be a long time before the Net can be as effective as EDI.

Online forecasts are more unreliable than most – but they are accurate indicators of the direction the market is moving in. Key Note says UK B2C transactions will be worth £17.5 billion in 2005 – dwarfed by B2B's £271.2bn.

E-timetable

Would you prefer to go it alone with your e-pharmacy web site, instead of dealing with AskYourPharmacy.co.uk? Laurence Middleton Jones suggests the following timetable

Month 1

You commission the web site and prepare the copy. You also work with the designers to ensure a professional but approachable image that portrays you business at its best. A key aspect of this will be creating a personality for the enterprise – an angle or twist that makes it different.

Commissioning the e-commerce web site will cost about £2,500. A computer with internet access (if you don't already have one) will cost about £1,000.

The commission price is realistic if your own staff load most of the products you wish to sell online as part of their training. You can spend as much or as little time on this as you need. Loading each product takes only around a minute.

This system gives you ownership of the site and ensures that everyone is expert in adding and amending items and prices. It also ensures that you will never have to pay expensive maintenance and updating charges.

Month 2

Your e-commerce web site arrives and the design company trains you and your staff. This new type of e-commerce is very user-friendly and almost anyone that can turn on a computer can be trained to update and run it. You make sure that several of your staff are thoroughly familiar with the system.

Before the training you purchase a few more items:

- Digital camera £220
- Scanner £50
- Minidisk recorder £130
- Microphone £50

The reason for the minidisk and microphone will soon become apparent.

The design and hosting company also trains you to photograph, digitally manipulate, and upload product images onto your site.

You may choose to get new bags printed for the launch. At the very least you will plan introductory offers and get flyers, stuffers and stickers organised so that everyone who comes into the premises will get at least one item with the web site address on it. Printing costs will probably be about £1,000.

By the end of this month you are ready to go live. You have around 500 of your best sellers and several unusual and speciality products on the site. You will add to these regularly over the next few months.

You can add an unlimited number of categories to the site, which you can update and change when you want. This means that you can invent original category names to help set the site apart.

Assuming you already deliver prescriptions, you can offer free delivery within your normal delivery area for the first six months and delivery at cost everywhere else.

If you've got it...

Flaunt it! In the medieval market stall holders tried to build up a personal relationship with their customers. They also worked very hard to ensure that word of the quality of their goods was broadcast far and wide.

Your site design already conveys your professional, yet approachable

Continued on P20 →

→Continued from P19

and friendly, style. But you want to give your visitors a more interesting - and informative - experience, to help build your image and customer loyalty.

So, just as the site is about to go live, take the minidisk and the microphone into a quiet room.

Several members of staff will have prepared their own 'spot' on different themes - from haircare to diet. You are going to run through the difference between cold and flu and the suggested therapies. Each member of staff will also give their name and tell listeners when they are available over the phone or in the shop for personal advice.

Post the minidisk to your design and hosting company - hours later the edited version will be webcasting to the world. Any visitor to your site can now click and listen to a news programme that is unique to you and reinforces your image, your staff, your expertise, your products and your services.

You should do this every month - each time on a different medical theme, with news updates and members of staff doing their 'spot' and giving information about promotions. The medical information sequences will later be compiled into an on-site library with its own search engine.

You have a contract with your design and hosting company for this service - around £60 per month. Soon you will conduct your own interviews with customers and company representatives. You could also ask local nurses to share their knowledge with the community.

Total costs

If you used an existing computer, your set-up costs were only £2,950. Hosting the site costs £25 per month - only £300 per year, ad infinitum. Your internet radio broadcast contract costs £60 per month or £720 a year for editing and streaming.

The site and internet radio broadcasts, therefore, cost £3,970 in the first year but only £1,020 or £85 a month in subsequent years, no matter how many more products and categories you add. This is 100 per cent tax-deductible. Other costs, such as staff time and printing, have been incorporated into your normal budgets.

The merry band

Medieval burghers and merchants formed guilds and affiliations to serve their mutual interests - but so far you have been acting alone. Now it's time to get on the telephone.

Portals are going to be 'the big thing' of the future. These are very similar to medieval guilds, although they are usually easier to join. Pooling advertising resources and building well-known locations helps shoppers find you. This is good for extra exposure and sales on top of your bricks-and-mortar contacts.

The good thing is that you can join as many portals as you like. Local ones are a good place to start - if there isn't one, perhaps you should organise a meeting and set one up. Then there are the professional and many other e-commerce portals or 'malls' that may be useful. One of the best places to go is trade buying groups and wholesalers.

Proudly presenting

Because pooling resources is going to be useful, Boots and Granada have joined forces to produce a multi-million pound health channel. This is giving many independent pharmacists that queasy 'I-am-being-left-out-again' feeling. All is not lost: using streaming video technology, your versatile design and hosting company can shoot and broadcast authoritative health programmes, 5-10 minutes long, within a budget ceiling of £5,000 per programme. This is achieved by using new digital technology and the expertise of buying-group members instead of buying in talent at TV rates.

A buying group should have little trouble in attracting sponsorship to halve the cost of each production, allowing it to build up a library of programmes that are available exclusively over the web sites of its members.

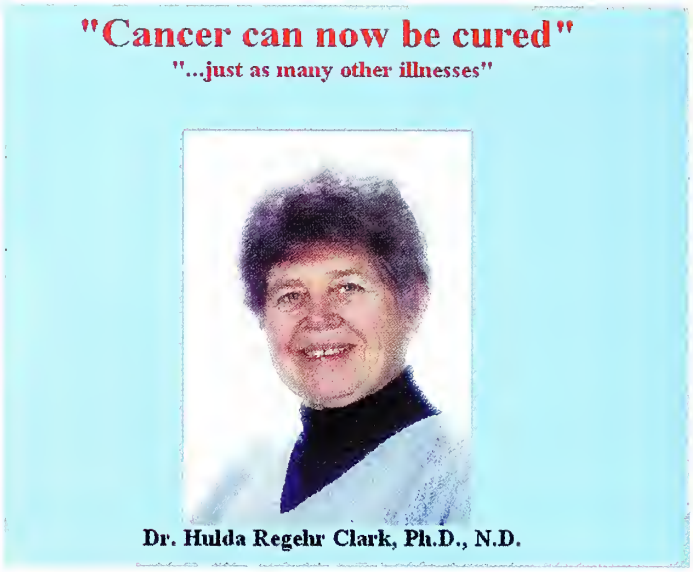
Because the streaming video content is always available, customers can tune in for the information when they want it. They click anytime, day of night, and the programme of their choice plays instantly in a window on their PC.

Such content syndication would project independent pharmacy into a different league, greatly increasing the profile while generating considerably more web site business. It is simple and it can be done today.

Conclusion

Independent pharmacies are in a strong position to take advantage of the 'clicks and mortar' effect to grow their businesses and compete in their local regions with national chains. Furthermore, using the latest technologies they can raise their profiles and make their online extensions unique. Using the pooled resources of buying groups or wholesalers they can compete with Boots in offering health education programmes for on-demand viewing over the internet.

Laurence Middleton Jones is a pharmacist and e-media consultant



Health sites on the web can inform and enlighten patients, but some should come with a health warning of their own

Web of intrigue

Is there a need to recognise health and medical advice offered via the internet as a new medical speciality? After all, many people are looking on the internet for advice about their health. A US study last November found that some 55 per cent of people with access to the internet had used the web to get health or medical information within the past month (*www.pewinternet.org*).

In the UK, the level of households having access to the internet is now at 32 per cent (ONS, Internet access July - September 2000). This figure of 7.8 million households grew 73 per cent from the same quarter in 1999, and was only 2.3m in 1998. Demand for health information was also demonstrated by NHS Direct Online. In the first four weeks after it went live, the site saw approximately 8m page impressions.

Attitudes to the traditional consultation - where the all-knowing health professional deigns to grant the public an audience - are changing. The internet has suddenly allowed patients who have been brought up on the restricted choice of the NHS to seek the advice of a health professional without having to make an appointment. It allows them an easier opportunity for a second opinion, and for those that have been too embarrassed to discuss something with their own GP, the web offers the protection of anonymity.

This change in public attitudes is demonstrated by the no-longer anecdotal stories of patients bringing a print-out of a particular disease to a consultation and being more expert on it than the health professional.

Supplying health or medical advice over the web needs a special approach. Without the physical presence of the patient, the consultation has to be based on what the would-be patient writes in the e-mail. With experience, it may be possible to read between the lines, just as health professionals gain information from the way a patient behaves during a live consultation.

The question then arises, should using the internet in patient care be an integral part of any health professional's training? In the mean time, of what should health professionals be aware?

Health professionals can no longer expect to be experts in all aspects of health. With so much information out there, they have to be able to use information appropriately. This could mean referring a patient to an 'approved' web site as part of the consultation process. The patient would have a chance to become better informed, so that the next meeting with the health professional would see a greater understanding and acceptance, and ultimately concordance in the therapy process.

The benefits of providing a health or medical web service is that the internet is international. "It offers anyone in the world the ability to seek a medical opinion," argues Dr Gordon Cowell, a GP who also practises as an internet physician. "There is no waiting for an appointment, nor is there the feeling that the doctor is 'bored' or too busy." And as the patient can remain anonymous, it allows the patient to 'open up' and give a much fuller account of their condition. As a

Continued on P22→

Just when everything looked perfect...

...we went and changed everything.

As the UK's fastest growing grocery brand in 2000*, with 30% year on year growth**, you'd think we'd be sitting comfortably. So why change a thing, let alone everything? Well, when you're ahead you don't stop running.

We've changed our packaging and our product to create nappies designed for every stage of a baby's development. It's easy to see why UK mums have voted Huggies® 'Best Disposable Nappy' 2 years running. So just when everything looked perfect, look who just got better.

Do it in Huggies®. The new range.

Mother & Baby AWARDS BEST DISPOSABLE NAPPIES

® is a registered trademark of Kimberly-Clark Corp. *Nielsen w/e 10/9/00 ** IRI Data for w/e 3/12/00

Mother & Baby AWARDS BEST DISPOSABLE NAPPIES

response may not be expected immediately, the health professional can make a more considered answer and has time to consult, something that may not be possibly at a busy doctor's surgery.

In Dr Cowell's experience, cyber-patients are literate and intelligent, although many health web sites screen patients' initial contacts and refer them to whoever is most suitable on the panel of health professional advisers working for the web site. But beware of those people who may be seeking a second opinion for legal reasons, he advises.

Where to go

The internet is creating the empowered consumer, argues Robert Kiley, head of systems strategy at the Wellcome Library.

Evidence supports the view that patients who have access to information tend to be more active participants in their healthcare and the result is better outcomes. "Reading a patient leaflet does not compare with what you can get on the internet," says Mr Kiley. But the main problem for consumers, patients and health professionals is to find appropriate and accurate information on the internet.

"There's a need for even more information to be available via the net, but this time with a focus on high quality information," he says. Even so, choose your site carefully: Medline may be a key health web site, but it is very daunting for the lay user as it requires some specialist knowledge to search through the data.

More user-friendly is the US National Library of Medicine (*www.ulm.uib.gov*). This allows people to search by simple disease category. Results are broken down into sections dealing with references on clinical trials, outcomes of therapies, disease progression and the like, helping the user to find the scientific papers most closely linked to their enquiry more easily.

However, as a librarian, Mr Kiley has his criticisms of the web. He would particularly like to see much greater free access to the full text of scientific papers. Many scientific journals and periodicals put abstracts of their papers on the web, but charge for access to the full text. Fortunately, not all do – *www.bmj.org.uk* is free. This site, *www.pubmedcentral.nih.gov*, is one example which provides links to free full-text journals.

Travel advice

Specialist areas can be catered for, with the internet providing the most up-to-date information to be found, argues Dr Charles Easmon of *www.tropicalscreening.com*, an internet travel health advice site.

For example, two key reference books for travel health, issued by the HMSO and the Department of Health were last published in 1996. Although new editions are expected shortly, Dr Easmon points out that health professionals relying on the books would have missed information about the following:

- the introduction of malarone in treating malaria
- the introduction of the meningitis C vaccine
- the introduction of the meningitis W135 vaccine
- the resurgence of dengue fever in the past three to four years.

If only printed reference sources are used, there is a risk that new treatments could be missed or information about recent outbreaks poorly understood. Even more modern innovations such as recorded telephone help lines have their problems and may not be updated as regularly as might be necessary.

From a travel health perspective, Dr Easmon suggests that the following sites could be recommended for advising the public:

- The Public Health Laboratory Services – *www.phls.org.uk* – has malaria guidelines
- Centres for Disease Control and prevention – *www.cdc.gov* – provides travel health and good links
- *www.medicineplanet.com* – offers a personal travel clinic and a medicines translation service, available by WAP phone
- *www.promedmail.org* – keeps users up to date on the latest infectious disease outbreaks
- Eurosurveillance – *www.eurosurv.org* – "publishes news of infectious disease incidents and surveillance data as they are released, at least once a week"

Other favoured sites include the World Health Organization at *www.who.int* and *www.freemedicaljournals.com*

And what of the future? It will not be too long before people who are on holiday can have their medical records available online anywhere in the world. WAP phone technology is already being used to issue alerts – *www.pocketdoctor.co.uk* – and could be used to remind people to attend for medical appointments such as booster jabs.

The internet could also be a useful tool for targeting reluctant groups of patients, such as adult males. Men tend to be reluctant to seek professional health advice for fear of being seen to be weak, or because they do not have time. The internet provides the convenience and anonymity that may mean the difference between a man obtaining appropriate health advice in time or waiting until he keels over in the shopping mall, as a government television advert has been warning.

"Most health professionals have not addressed the issue of what sort of service men need," says Peter Barker, co-ordinator of Men's Health Forum and editor of *www.malehealth.co.uk*. "There's a perception that men do not care about their health. Men may be reluctant to talk about health, but they are just as concerned. And when men can access an appropriate service, they will use it."

The interactive area of the site suggests that about three-quarters of enquiries are about sexual health issues – "spots, performance, semen quality, size of penis". But the site can also be a way for men to feel their problem is 'legitimised' and give them the permission they feel they need to go to a non-cyber health professional.

Mr Barker is also involved with *www.ueushealthforum.com*, aimed at health professionals. "We hope the site will become the key resource for anyone working with men," he said.

Mr Kiley gave some examples of why patients need guidance. *www.wurldlife.com* advertises Abdominal Slimming Soap. This is applied by: "Overlapping your two hands on your abdomen, and applying the massage manipulation by encircling your hands 40 times deasil and widdershins. Hold between the fingers the fatty abdomen skin and lift it a little for some times." This "enhances the peristalsis of intestines, increases drainage, consume the energy of abdominal cells, and then lessen them"...

Another site offers a cure for cancer. *www.drclark.ch* promotes the use of a zapper held over the skin to "selectively electrocute" pathogens in minutes. The site claims to enable people who "have been suffering from a chronic infection or have cancer, or AIDs, to learn to build the electronic device that will stop it immediately". Interestingly, the disclaimer states: "There are no 100 per cent cures in the field of medicine and … we do not make any promises. But we would also like you to know that Dr Clark's cure rate for terminal cancer patients is around 90 per cent according to her statements."

Another web benefit is that people with similar interests can talk to each other, and can choose from thousands of news groups and forums. Although this may not be evidence-based medicine, it offers patients support from others who have shared similar experiences. Alternatively, there's an opportunity for professionals to have an informed debate – for example, the pharmacist-only *www.private-rx.com*

The views quoted above were given at a conference hosted by www.med4u.com and held at the Royal Society of Medicine last month, which looked at the issues surrounding internet medicine

Nicorette invite you to support the Quitters in January

The New Year is traditionally a period when smokers try to give up. Indeed, with 70 per cent of smokers wishing to quit, this is the ideal time for pharmacists to encourage customers to quit smoking and access smoking cessation services within their pharmacies.

Brief interventions can be effective in encouraging smokers to stop. Based on health professional guidelines, brief opportunistic intervention has been defined in terms of the four 'A's: Ask, Advise, Assist and Arrange.

Ask and Advise

- Every opportunity should be taken to ask patients if they smoke and if they have thought about stopping. If smokers are interested in stopping they should be encouraged to set a date and be told about Nicotine Replacement therapy (NRT). Nicorette has the widest range of NRT products available, each with its own profile and benefits to suit the needs and lifestyles of the individual smoker. The range encompasses Nicorette Gum, Patch, Inhalator, Microtab and Nasal Spray.

Key questions to ask

- Do you smoke?
- Have you ever thought about quitting?
- Would you be interested in quitting now?
- Would you like some advice and support on stopping smoking?
- Have you ever tried NRT before?

Assist and Arrange

As quitting involves a lifestyle change, the preferred action is the use of NRT with as much motivational support as possible for the smoker. To achieve this, the pharmacist should undertake the following:

- prepare smokers about what to expect when they quit
- advise how Nicorette can help
- advise on the most suitable Nicorette format
- make patients aware of the support services available

Case Study – Pharmacist of the Year

John Foreman and Timothy O'Donoghue of Green Light Pharmacy in London recently won the Pharmacist of the Year Award – a competition designed to identify the best pharmacy smoking cessation service – sponsored by Pharmacia, the makers of Nicorette.

Below are just some of the methods Green Light Pharmacy used to encourage smokers to access its smoking cessation service.

- Referred customers to the 'Green Light Smoking Cessation Clinic' during counselling on prescription medicine and while providing a free blood pressure monitoring service.
- In order to grab attention at point of inquiry Green Light Pharmacy designed their own window display which consisted of the word 'Quit' blazed across the shop window and a cigarette butt blown up to poster size to support the image.
- Informed all local GPs, nurses and their receptionists about the Green Light Smoking Cessation Service in order to encourage referral.
- Outlined the smoking cessation service on the Green Light Pharmacy web site in order to attract '9 to 5' office workers.
- Ran a quit smoking promotion on the CCTV of an office that housed 3,000 workers.

January Check List

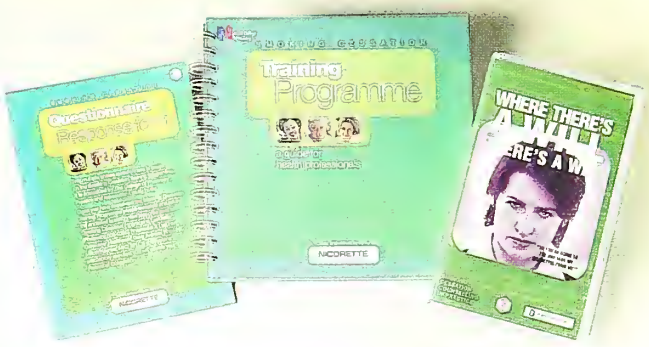
A range of items designed to help pharmacists encourage smokers to quit is available from Pharmacia. Below is a list of key materials to help pharmacists be fully prepared for the New Year.

- Fresh Start Patient Support Packs
- Window and Counter Display Materials
- Recommendation Guides
- Product leaflets
- Staff Training Materials

Pharmacists can obtain any of these items by contacting Pharmacia on 0800 801 454 or via e-mail at Pharmacia.OTCoffers@eu.pnu.com

Conclusion

As so many smokers attempt to give up smoking at New Year, the period provides the pharmacist with the opportunity to promote their smoking cessation services to their customers and offer them the support, encouragement and advice they need for their quit attempts. A wide range of Nicorette formats is available to meet the needs of each individual smoker.



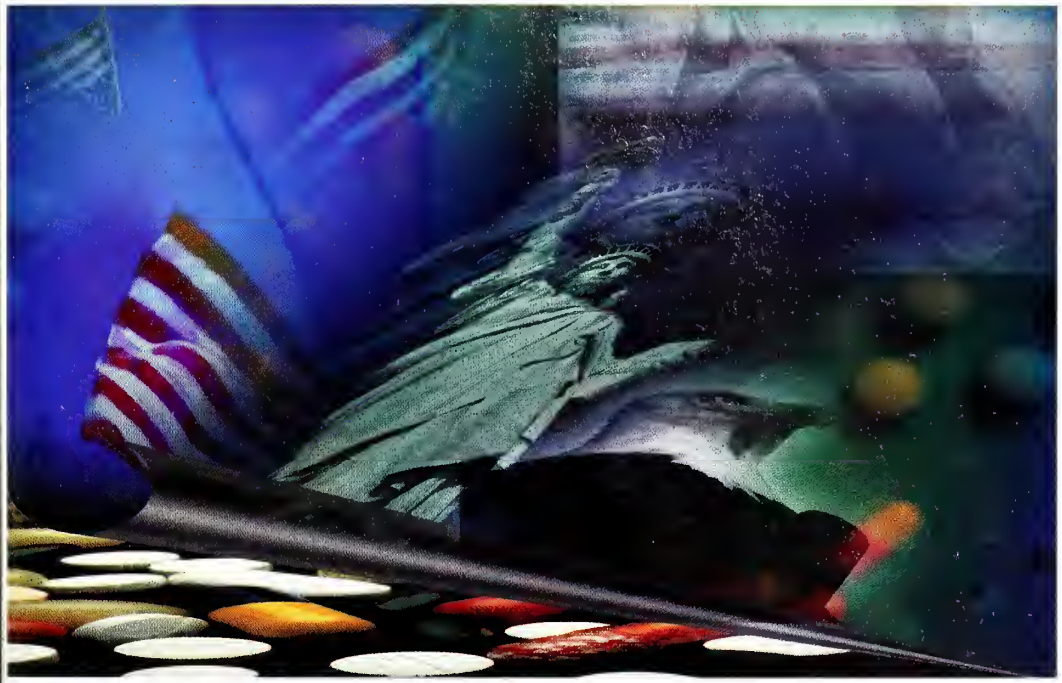
Take another look at dotPharmacy You'll be surprised

.dotPharmacy

● Pharmaceutical share prices ● Legal advice ● Latest market data ● *Chemist & Druggist* directory channel.
Not forgetting unrivalled news coverage, features, Pharmacy Update, events, archive and numerous links to useful web sites

Legislation in limbo

'Reimportation' is the issue of the moment in the US, but legislation has stalled, and its benefits are being questioned. Pharmacy consultant Tony de Nicola reports



In the closing moments of the last pre-election legislative session, both houses of Congress passed a bill that allows certain forms of 'reimportation' of branded pharmaceuticals into the US, an activity which has always been prohibited by Federal law and under all existing FDA guidelines.

The bill was signed into law by President Clinton at the very close of the session. It directed the Secretary of Health and Human Services to develop the regulations required to implement the activity described in the law as soon as possible, and in such a way as to have a positive economic impact on certain US patients.

According to the preamble of the bill: "Many Americans cannot afford to purchase life-saving medications due to their high cost in this country. Further, these medications, manufactured by large pharmaceutical manufacturers here in the US, are available in many offshore markets at significantly lower prices."

With language like that, it was difficult for congressmen and senators to vote against the legislation, particularly in an election year! Given the growing senior citizen population in the US – the so-called 'greying of America' – and the fact that this group is very politically active, to adopt a strong stand against this law would have meant committing political suicide.

Lobbying both for and against the bill was intense. Stakeholders included the pharma manufacturers, the wholesalers, the pharmacy providers, and a host of patient advocacy groups. While all had their say, in one way or another, there were no public hearings held and often not a lot of serious dialogue about how 'reimportation' could actually be implemented in the US or what regulatory detail would apply.

Consumer campaigns

Highly visible consumer campaigns, often supported by the bill's sponsors, had busloads of senior citizens travelling to Canada and Mexico, purportedly to obtain life-saving medication at prices far below those charged by US pharmacies.

As knowledgeable industry participants knew from the start, the issues which create price differentials on branded drugs between markets are far from simple. And, while some of these issues were articulated in one forum or another prior to the final vote, the weight of the financial impact on economically disadvantaged seniors was the deciding factor in most minds.

Industry lobbies

Unsurprisingly the industry – manufacturers and the drug wholesalers – lobbied against the bill. Manufacturers' arguments centred on safety issues, the possibility of counterfeit drugs entering the country and a number of regulatory issues. Wholesalers argued that the administrative and financial burden of monitoring, record keeping, and the need to validate the source of imports, would fall on them.

Retail pharmacy groups were split on the issue. The NCPA, representing independent retailers, lobbied for the bill, expressing the retailers' interest in seeing their patients receive medicines at the lowest possible prices. NACDS, representing chain pharmacies, adopted a neutral to mildly negative position, somewhat similar to that of the wholesalers in their concerns about verification of the source, record keeping and other administrative issues.

As the year drew to a close, an event occurred that put the legislation in limbo. Outgoing Health and Human Services Secretary Donna Shalala, who is currently being replaced by a Bush appointee, wrote to the President indicating that, under the language of the bill, she could not comply with its requirements. She would not implement the law, she said, which called for her to request a $23 million dollar subsidy to formulate the rules and regulations, and monitor and manage the activity.

Directly after that bombshell, the national trade group representing wholesalers (the NWDA, recently renamed the Healthcare Distribution Management Association) held a two-day conference in Washington DC, the topic of which was MEDSA, the formal name for the reimportation bill.

The conference had been scheduled well in advance of Secretary Shalala's letter to the President, which heightened interest and produced some lively dialogue between presenters and attendees.

I was present at the conference, along with other industry participants. Speakers included legislative aides to the bill's sponsors, and former government officials from the key agencies which would have to implement and enforce the bill (the FDA, Customs & Imports, and the US Patent and Trade Office).

What became clear from this meeting was that nothing was clear – neither the intent of the bill nor the ultimate outcome. Further, it became obvious as the meeting concluded that the bill's sponsors were not fully apprised of all the issues surrounding 'reimportation', nor of their economic impact on many of the stakeholders.

Additionally, statistical evidence was presented that seemed to indicate that the 'significant savings and cost reductions' which patients hoped to enjoy would be limited to a very small sector of the population.

No European study

UK pharmacists are well aware of the economic ramifications of parallel importing, which has been taking place in your market for many years. However, no study of either UK or other European models was carried out before the bill was passed.

US legislators who believe that imports, in one form or another, will save money for patients ought to look carefully at the UK and the European Union, to better understand how PIs work and who actually benefits from any cost savings.

The issue is not dead and buried. President Bush and his proposed replacement for Secretary Shalala, Governor Tommy Thompson of Wisconsin, have already publicly said that they want to change and implement the bill this year. More to come on this issue as these changes are put in place.

Economists should not be involved in deciding the case for resale price maintenance, argues Dr Darrin Baines. Instead, a new approach should be taken to negotiations

Fair trading for pharmacists

The resale price maintenance case is in a mess and the Restrictive Practices Court is looking for another economist to help solve its problems. However, all any economist can do is to work within a provided framework to produce a pre-determined outcome, which either favours the Government or pharmacists, but not both.

The issue should instead be resolved by direct negotiations between pharmacists and the Department of Health. It is difficult for the Restrictive Practices Court to produce a satisfactory outcome in this case because it is constrained by legalities. To help both sides climb out of the ever-deeper hole they are digging for themselves, proceedings should cease and some common sense, straight talking should begin.

The cost of free prices

The pricing of medicines is not a legal, but a policy issue. The Government does not allow free prices for branded or generic drugs bought by the NHS. The markets for these products are strictly regulated because of the damage that unconstrained trade could do to the health service and patients.

If RPM is abolished and medicine prices fall, pharmaceutical companies will have to compensate for their loss of earnings by charging more for NHS medicines. The end of price fixing is therefore likely to lead to price inflation for government-purchased drugs.

State intervention

While the ideology of the free market does not apply to medicines, it is also not appropriate that their prices should be set by manufacturers. Medicine prices should be regulated by the state, like other pharmaceuticals.

Given the above, the Restrictive Practices Court should not analyse whether free or constrained prices are desirable, but should examine whether private or public pricing controls are preferable. Indeed, the issue for debate is not whether medicine prices should be fixed, but who should fix them.

Uncosted knowledge

Modern pharmacy is an economic disaster for pharmacists. They spend years training as professionals, but are unable to charge directly for the information they provide to consumers. Few other professions have to bear this burden, as they often charge the client for their time, not their services.

Pharmacists are not meant to earn their incomes solely from dispensing drugs. The dispensing fee owes its origins to Lloyd George, who made pharmacists dispensers to stop general practitioners from earning income from supplying the products they prescribed. The role of pharmacist as dispenser is an accident of history and has seriously constrained the ways in which the profession has developed.

RPM goes some way towards ensuring that pharmacists are properly rewarded for providing knowledge to patients who have not seen a general practitioner first. If the Restrictive Practices Court calculated the true value of the advice provided by pharmacists selling over-the-counter drugs, the resale margins on most medicaments would probably be found to be woefully inadequate.

Through the gateways

The Office of Fair Trading is in a difficult position. It has to fight the medicines case on the basis of the five 'gateways' allowed by the Resale Prices Act, 1976. In effect, these gateways state that RPM should not be abolished if small pharmacies or consumers will suffer. In response, the Office of Fair Trading has been collecting data and seeking expert opinions on what would happen to these groups if abolition were granted.

> "The Restrictive Practices Court must decide whether it believes in the survival of the fittest or the protection of an endangered species"

If it really believed in free, unregulated competition, the Office of Fair Trading would refuse to fight the RPM case on the basis of the five gateways. Unconstrained markets are meant to regulate themselves and to automatically lead to transactions that benefit both consumers and producers. By failing to argue that RPM should be abolished regardless of the consequences, the Office of Fair Trading is implicitly acknowledging that a free market for medicines is not necessarily a good thing.

'History matters'

In recent years, many economists have rejected the conventional, market-focused approach to economics. Instead, these new practitioners have argued that "history matters", in the sense that the economic outcomes we view today are the result of an evolutionary process which has constrained what we are able to achieve with current resources.

From an evolutionary perspective, RPM can be seen as a 'routine', that is, a mechanism that pharmacists use to generate the income necessary to stay in business. In nature, no species constantly re-invents the way it gathers the food necessary for survival. Once a routine fails, a species becomes extinct. The same is true for pharmacists: if RPM is abolished, they will lose a routine that helps them survive.

With limited commercial opportunities available in community pharmacy, if new species (such as supermarkets) enter the local pharmaceutical environment with more successful routines, independents may glean smaller and smaller pickings. Eventually, because of the hardships they encounter, pharmacists who are reliant on the RPM routine will die out.

Using the evolutionary metaphor, the Restrictive Practices Court must decide whether it believes in the 'survival of the fittest' or the protection of an endangered species. From an ideological perspective, economists who believe in markets believe in the former, because only by allowing the weak to fall and die can economies become more efficient.

Environmental shock

It didn't matter how big or successful any species of dinosaurs was, the day the meteorite came, they all died out. Successful routines only ensure

survival in the absence of extreme environmental change.

Much of the evidence produced at the RPM hearing relates to changes in the position of community pharmacists since the early 1970s. However, this information is now irrelevant, as it was collected before the announcement of the Government's national plan for pharmacy.

If the initiatives launched by the national plan for pharmacy are as revolutionary as the Government intends, community pharmacies will soon experience an extreme environmental shock. If it abolishes RPM, the Restrictive Practices Court could make it harder for pharmacies to survive in a harsher commercial environment.

The myth of unity

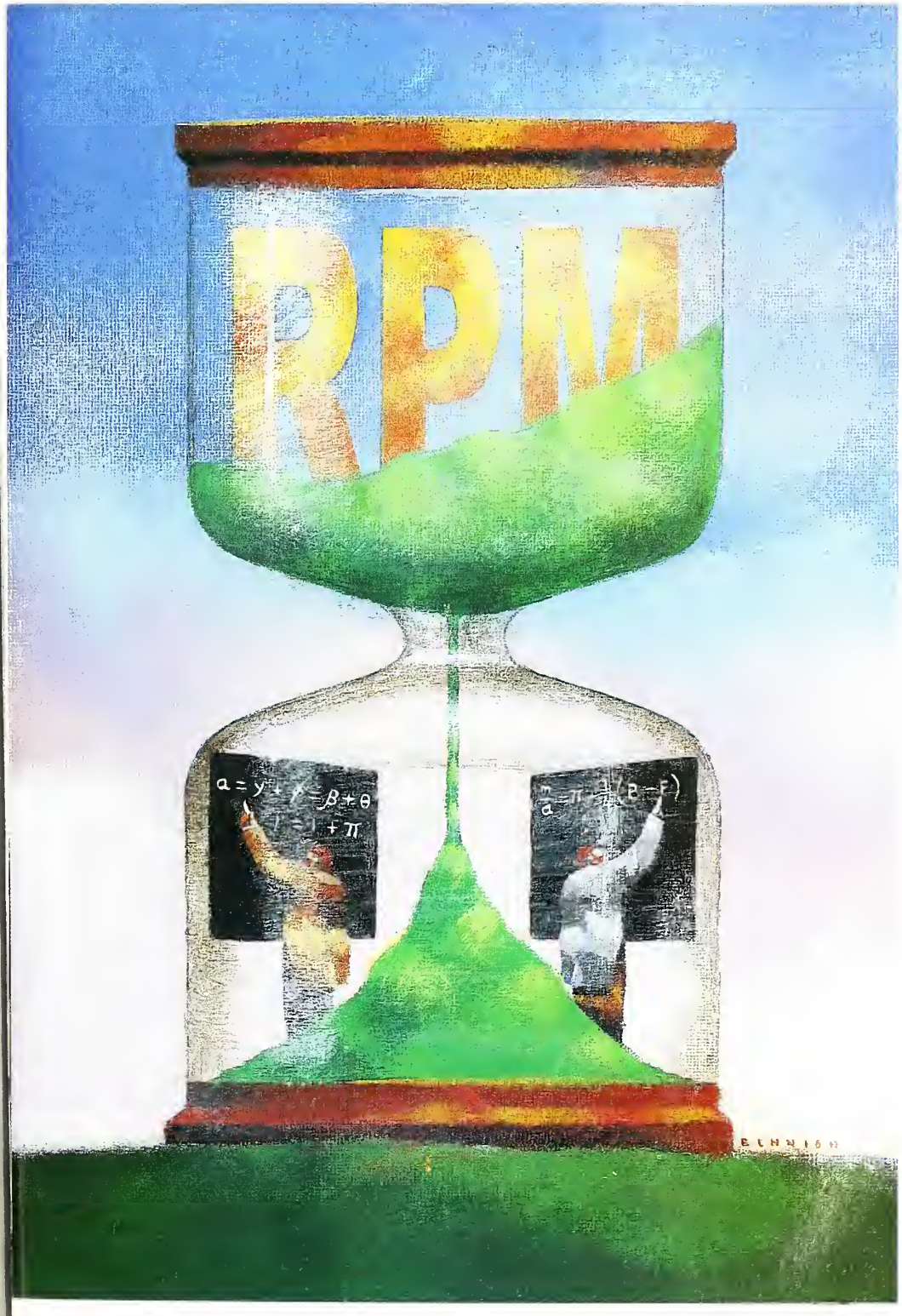
Pharmacists are not a united group of professionals. Within the industry, a whole range of competing groups openly vie with each other as the suppliers of drugs. As a result, it is easier for pharmacists to agree over professional issues than over trade disputes, which are much harder to resolve.

In relation to RPM, a concerted campaign has been fought – at a national level – on the basis that pharmacy is a united profession. Instead of waiting for the national campaign to deliver a victory, each concerned pharmacist should fight his or her own corner in this case. If rank-and-file pharmacists wait for their political leaders (whose personal incomes, often, do not depend upon medicine sales) to save the day, they may eventually find themselves extremely disappointed.

Fair deal for pharmacy

For years, community pharmacists have cross-subsidised their NHS work with private income from medicament sales. Successive governments have realised that price-fixing by producers has supported NHS pharmacy and have been happy for the practice to continue.

As consecutive governments have implicitly supported price maintenance, pharmacists should be compensated if it is removed. For example, they should receive a one-off payment for the loss of future income, a settlement for the money they have previously donated to the state and compensation for a fall in the value of their businesses. Indeed, the Government has under-funded community pharmacy for years and relied on RPM to make up the difference.



Jason Bennion

The right judgement

Before reaching its final decision, the Restrictive Practices Court must decide whether the RPM case is about competition or health policy. If it is about the former, the gateways should be ignored and free markets should automatically be introduced. If the case is about the latter, the issue should be referred back to the experts at the Department of Health.

The Restrictive Practices Court must also decide whether the case is about pharmacy as profession, or about pharmacies as the individual suppliers of medicines. As the government contracts directly with individual suppliers, arguments that consider the impact of abolishing price fixing on the profession as a whole should automatically be dismissed by the Court. Indeed, proceedings should only be concerned with the plight of each pharmacy – on a case-by-case basis – and not on a hypothetical population of pharmacists that does not actually exist.

Reaching the end

In an ideal world, where legal niceties were balanced by an understanding of the practical consequences of any decision, the Restrictive Practices Court would have automatically dismissed the RPM case. It is only being heard as a legal – rather than a policy – issue because of an accident of history.

In reality, the hearing is likely to continue, and the biases built into the legal and economic frameworks used will ensure that it reaches a predetermined outcome. Perhaps, before the case concludes, we should all consider whether some dinosaurs would have been worth preserving, and whether whales and tigers are the only threatened species we should try to save.

Dr Darrin Baines is a specialist in government prescribing and pharmacy policy. He can be contacted at darrinbaines@hotmail.com

IN BRIEF

Bioglan shares rocket

Shares in the speciality pharmaceuticals campany, Biaglan, rose by mare than 16 per cent after the Swedish licensing authority appraved clinical trials far the variaus peptides and proteins the campany has develaped in its Biasphere delivery system. The Biasphere system is designed ta pravide a sustained release af large malecules. Immediately after the news emerged Biaglan shares rase by 10 per cent ta 575p befare climbing a further 35p as *C&D* went ta press.

Healthnet's exchange goes live

A virtual stack transfer scheme has been launched by healthnet.ca.uk, enabling pharmacists ta sell excess, shart-dated, tainted ar split stack. Details the seller will be asked ta pravide include the expiry date but Healthnet is understaad nat ta be imposing a minimum periad befare a praduct is due ta expire. Buyers will be charged a flat fee af £2.50 and the transactian is said ta anly take twa minutes. The site can be accessed an *www.healthnet.co.uk/stock*

BTG acquires Japanese company

BTG has acquired Shimizu Pharmaceutical Ca, a Japanese pharmaceutical campany specialising in intravenaus electralytes and dialysis fluids. The deal gives BTG the rights ta navel platfarm technalagy, including the next generatian af infusian fluids far treating strake and head trauma, as well as peritaneal dialysis fluids used in patients suffering fram kidney disease.

Five products drive Merck sales

Merck & Ca annaunced a 23 per cent sales increase far the year 2000 ta $40.4 billian (£27.9bn), which the campany says is driven by the strang perfarmance af five key praducts – Viaxx, Zacar, Cozaar/Hyzaar, Fasmax and Singulair. Net Income rase by 16 per cent. Earnings per share were up 18 per cent ta $2.9 (£2).

Galen announces results

Galen Haldings, the internatianal speciality pharmaceutical services and praducts campany, annaunced first quarter revenues af £41.8 million, an increase af 94 per cent. Revenues in the pharmaceutical praduct sectar rose by 130 per cent ta £28.2m, a fact mainly attributed ta Galen's recent acquisitian af Warner Chilcott. Pharmaceutical services revenues increased by 46 per cent ta £13.7m. Galen's aperating profit for the first quarter grew 114 per cent ta £12.8m.

Asda @ Pharmacy2U?

Pharmacy2U (P2U) could soon be providing online pharmacy services for supermarket giant Asda if talks between the two companies prove successful.

Asda is intending to add a pharmacy to the online shopping available on its web site, *www.asdahome.co.nk*, currently being piloted in areas inside the M25.

"We could go it alone and put a pharmacy into one of our depots. But going with an existing online pharmacy would be a much faster way into the market," Asda's superintendent pharmacist, John Evans, told *C&D*.

Mr Evans said that the online pharmacy could take the form of a button on the asdahome web site, possibly called asdapharmacy, which could be run by P2U.

Services offered by the asdapharmacy are likely to include selling P medicines, dispensing prescriptions and providing users with access to advice from a pharmacist. All responses from the web site would be branded asdapharmacy.

The asdapharmacy would sit alongside the asdabookshop, the asdawineshop and other speciality areas. All purchases would be put in the same shopping basket and paid for in a single transaction.

Daniel Lee, P2U's managing director, said: "We would be very excited about this opportunity, but we are not getting carried away – it is very early stages."

In response to the growing demand, and to prepare for future expansion, P2U is about to move into new premises, four times the size of the present one. A deal between Asda and P2U would increase the online pharmacy's customer base significantly.

On average, 40,000 customers visit a typical Asda store each week, and Mr Evans said that the supermarket chain's web site records considerably more hits than P2U's.

"It could work well and we should have a decision in a couple of weeks," he said.

Pharmalife axes news team to refocus

Pharmalife, the pharmaceutical web site, has lost its entire news team, as four members of staff have been made redundant and two others have resigned. The company said it had decided to focus on the online procurement aspect of the business and confirmed that it was keeping its 15-strong technology team.

Musa Dhalla, Pharmalife's chief executive, will assume responsibility for the web site's news content, using freelance journalists as and when needed. He said that funding had not been a deciding factor in the redundancies, as Pharmalife had "enough money in the bank to keep it going for the medium term".

Mr Dhalla added that, although news was "important to the pharmacy community", pharmacists had other sources of information, including *C&D* and *dotpharmacy*. Most visitors to the Pharmalife site were more interested in its interactive features, such as the stock transfer facility.

"There will be enough news for our users. It's all about using the resources we have more effectively," he said.

There would be a shift towards analysis and comment, added Mr Dhalla, and away from an intensive focus on hard news.

Examples of the new approach included an interactive guide to emergency hormonal contraception, which would soon be up and running, training, and advice on moral and ethical issues. Mr Dhalla also mentioned the recruitment service and a new service helping students with applications for pre-registration places.

Boots denies report of plans to shed 1,000 jobs

Boots has denied reports in the *Financial Times* (February 5) that it intends to make up to 1,000 staff at Boots The Chemists (BTC) redundant as part of a £100 million cost-saving exercise announced last November.

The *Financial Times* article also suggested that smaller Boots stores were expected to close.

"There is no news about redundancies at BTC today – all we have is a speculative piece in the *Financial Times*," a spokesman for the company said.

He accepted that restructuring plans had included around 300 job losses, but was adamant that no pharmacist had been made redundant. Boots was very keen to hold on to the pharmacists it employed, especially in the fallow year.

"When you make cost-savings, you have to make sure that they are not value-destroying in the long run," he said.

He admitted that BTC had reduced its workforce by 1,000 in the past 12 months, mainly at head office and regional office level, as well as in the sales force.

These redundancies were part of a separate cost-cutting plan announced in 1999, and were intended to save Boots £160m over a four-year period.

Newcastle-under-Lynne based Sans Pharmaceutical Distributors has invested £2 million in its IT systems and in increased automation in its warehouse, creating 6,000ft² of additional floor space. A roller conveyor system has been introduced and tote boxes are used to dispatch orders. The high-speed A-frame has been extended, while less popular lines are picked manually using wrist-mounted scanners (pictured). The company is part of United Norwest Co-op

Government considers allowing use of 'service' addresses

The Home Office is considering proposals under which animal research companies could be allowed to list 'service addresses' for directors and shareholders in the company's accounts rather than using their home addresses.

The Association of the British Pharmaceutical Industry (ABPI) had been lobbying MPs on the issue as recently as last week (*C&D*, February 3).

Officials from the Home Office and the Department of Trade and Industry (DTI) will meet later this month to discuss whether and how such a clause could be included in the Crime Bill, which is due to enter the Committee stage shortly.

Banning protestors from intimidating the families of employees of companies such as Huntingdon Life Sciences (HLS) by demonstrating outside their homes is another measure under discussion, a Home Office spokesperson confirmed.

She added, however, that the bill was unlikely to become law before the general election, which is widely expected to be held in May.

Nucare moves into distribution

Nucare has moved into wholesaling with the launch of Nucare Pharmaceuticals, which promises to supply Nucare members with a full range of generics and PIs, as well as own-label products and fridge lines.

Nucare Pharmaceuticals and Nucare are based at a 10,000ft² warehousing and office complex in Stanmore, Middlesex. This used to belong to toiletry and OTC supplier Wakefield Impex (WI), which Nucare acquired last year.

The new wholesaler will only stock a small range of OTCs, which were previously marketed by WI.

Nucare's members used to source their generics and PIs from up to eight shortline wholesalers, and generally ordered their OTCs from either AAH Pharmaceuticals or UniChem.

"There was a desire from members for Nucare to start its own distribution services, but we are certainly concentrating on the ethicals side," said Mahesh Shah, Nucare's sales and marketing director.

"The main thing is that they can now get their generics and PI supplies from Nucare Pharmaceuticals and should be able to look forward to getting consistently low prices," he added.

Mr Shah is confident that, despite strong competition in the sector, Nucare Pharmaceuticals would be able to establish itself and compete with the growing number of shortline wholesalers specialising in generics and PIs.

Asked about the impact of internet-based companies offering generics and PIs online, Mr Shah said these did not pose a threat at the moment. He added that in the medium term, Nucare Pharmaceuticals was likely to develop its own web site, which would include an online ordering facility.

The two companies will initially be run by the same senior management team until the distribution business is more established. There will be two separate boards and a middle management team dedicated to one or the other.

Pharmacists report disappointing January sales

Most pharmacists have reported declining or static sales in January, according to the latest trade survey by the Confederation of British Industry (CBI).

Twenty per cent of pharmacists said sales had fallen in January, while 28 per cent said they had risen. More than half the pharmacists surveyed had not seen any change, leaving a balance of minus 8.

The results show that pharmacists have not been able to benefit from a boost in the retail sector in general, which unexpectedly recorded a balance of plus 36.

Predictions had put the figure at a moderate plus 11.

For February, 30 per cent of pharmacists expect rising sales and 35 per cent anticipate a drop in sales volume, only a slight improvement. The balance of minus 5 compares to plus 32 for retailing in general.

Primary Care Group Holdings denies cash flow claims

Primary Care Group Holdings (PCGH), which specialises in medicines management on behalf of PCGs and Health Authorities, this week rejected claims that it is facing cash flow problems and needs additional funds to keep afloat.

PCGH's chief executive, Andrew Burr, insisted that "the company is solvent, we are not looking for new funding".

The company, which floated on the Ofex stock market in June 2000, has reported third quarter losses of £236,700, while revenues for the period were less than £20,000. Losses for the first nine months of 2000 amounted to £725,500, almost double the initial predictions of £380,000.

PCGH had hoped to secure 15 contracts for its medicines management work by 2000. It announced in a chairman's statement to Ofex that, while work carried out by the group for Stratford PCG was encouraging, initial sales projections had been downgraded because of the unexpected greater lead time in securing contracts.

Mr Burr said that the Government had only just publicly recognised medicines management and that the delay had obviously impacted on the company's revenue stream.

Andrew Burr: refuted claims

In his statement to Ofex, PCGH's chairman, Sir Alexander Macara, wrote that the "'Pharmacy in the Future – implementing the NHS plan' document opens up important prospects for the company".

Mr Burr declined to comment further, saying that all statements had to be made to Ofex first. Further announcements are expected early next week.

While PCGH's directors own 81.6 per cent of the shares, a *C&D* source said that other shareholders included pharmacists. PCGH's current share price is 29.5p compared with an initial value at flotation of 50p.

Out of Court settlement

Doncaster Pharmaceuticals (DP) and Andrew Coyne, a former director of the company, have reached an "amicable" out of court settlement of a dispute concerning Mr Coyne's dismissal. Both parties are bound by the agreement not to comment further on the case.

The case was due to be heard by the Employment Tribunal in Stockton-on-Tees at the end of January. Mr Coyne, who left DP in February 2000, had claimed unfair dismissal on the grounds that his resignation was obtained under duress (*C&D*, January 20).

COMING EVENTS

FEBRUARY 13

Moray & Banff Branch, RPSGB, at the Laichmoray Hotel, 7.30pm. 'Drugs on the streets of Moray' by a crime prevention officer, Grampian police.

Oxfordshire Branch, RPSGB, at the George Pickering Postgraduate Centre, John Radcliffe Hospital, 7.30 for 8pm. 'Pharmacy in the Future – our window of opportunity' by Dr Nicola Gray, RPSGB council member.

NICPPET, at the Pharmaceutical Society of N. Ireland, University Street, Belfast, 8pm. 'Keynote Lecture – Diabetes' by Professor Gerald Tomkin.

FEBRUARY 14

Slough Branch, RPSGB, at the John Lister Postgraduate Centre, Wexham Park Hospital, 7.15 for 8pm. 'Depression and its treatment' by Dr M Kircher, consultant psychiatrist, Hillingdon Hospital.

NICPPET, at the Dunadry Hotel, Dunadry, 10am – 5pm. 'Dealing with Addictive Behaviour'.

FEBRUARY 15

Weald of Kent Branch, RPSGB, at the Jarvis International Hotel, Pembury, 7.30 for 8pm. 'Annual General Meeting followed by New Developments in the Treatment of Diabetes' by Dr Dennis Barnes, Kent and Sussex Hospital.

Wirral Branch, RPSGB, at the Clatterbridge Postgraduate Medical Centre, 7.30 for 8.15pm. 'National Framework for Mental Health' by Fiona Couper, Arrowe Park Hospital.

FEBRUARY 17

Stirling & Central Scottish Branch, RPSGB, at the Stirling Highland Hotel, Stirling, 6.45 for 7.15pm. 'Ceilidh Dinner Dance'.

ADVANCE INFORMATION

February 21 – Society of Cosmetic Scientists' Regional Lecture, 'Tour of new Peter Black Factory and Laboratories' at 7pm. Further information on 01582 726661.

February 23 – 'Challenging Issues in Clinical Trials' at the Maryborough House Hotel, Cork, Ireland. Further information from diana@statsol.ie

February 26-28 – Natural Products 2001 and Cosmeceuticals 2001 at the Hyatt Carlton Tower, London. For further information, tel: 020 7453 5432.

February 27 – 'Primary Care Trusts: One Year On', a one-day conference in central London. Further information on 020 7222 5110.

February 28 – closing date for stand applications for Interpack 2002. For further information, tel: +49 (0) 211/4560-464.

March 1 – Society of Cosmetic Scientists' Meda Lecture 'Arresting Hair? Come clean then!' at the Royal Society of Medicine, 6.30 for 7pm. Further information on 01582 726661.

Pharmacyupdate

This year's Pharmacyupdate for last year's money

Enrol with **Pharmacyupdate** by February 15 and take advantage of its telephone marking service at last year's price of £18.80

- **Pharmacyupdate** is accredited by the College of Pharmacy Practice and provides more than the Royal Pharmaceutical Society's recommended 30 hours' annual continuing professional development
- A wide variety of different topics are covered twice a month, and you can test your understanding using the monthly question papers. If you register for the telephone marking service you will also receive a twice-yearly accreditation certificate
- Back issues are not a problem because the entire archive of accredited features can be found at *www.dotpharmacy.com*
- Northern Ireland pharmacists enrolling for **Update** until the end of February will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education & Training
- Fill in the coupon and send it with a cheque for £18.80 (£16.00 + £2.80 VAT). This will register you for 12 months' worth of certificated marking. After February 15 the standard price for the **Update** marking service is £20.00
- If you need more information, call Mary Prebble on 01732 377269

Pharmacyupdate is supported by

GENUS PHARMACEUTICALS

To Mary Prebble. Please enrol me on the **Pharmacyupdate** telephone marking service for 2001. I enclose a cheque for £18.80, made payable to United Business Media International Ltd.

Name.....

Address.....

..... Postcode.....

Daytime phone number..... Fax.....

Signature..... Date.....

Northern Ireland pharmacists registering under CPPET scheme tick box ❑

Send this completed form to Mary Prebble, Chemist & Druggist, United Business Media International Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Classified

Appointments £27.00 P.S.C.C. + VAT minimum 3x1. Generol classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extro Avoiloble on request Copy dote 12 noon Tuesdoy prior to Soturdoy publicotion. Concellotion deodline 10om Fridoy; one week prior to insertion dote. All concellotions must be in writing Contoct Debro Thackeroy. Chemist & Druggist (Clossified), Unifed Business Medio Ltd, Sovereign Woy, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fox: 01732 377179. Internet. http://www.dolphormocy.co.uk.
All major credit cards accepted

APPOINTMENTS

Howard & Palmer Ltd

Community Pharmacies and Photographic Stores

Commercial Manager required

To cover 41 branches across South Wales

For a job profile please Contact Anthony Roberts, Howard & Palmer Ltd., Castell Close, Swansea Enterprise Park, Llansamlet, Swansea, SA7 9FH. 01792-545300 mail@howardandpalmer.co.uk

NR. CROYDON

Sales assistant required for busy pharmacy. Preferably with MCA certificate, good communication skills and sense of humour. 5 day week. Good salary.

Please send CV to:

Fishers Chemist, 1 Enmore Road, South Norwood SE25 5NT or phone: 020 8654 1874

ACCOUNTANTS

Accountants

Please take a few seconds to answer the following questions.

Yes No

- ☐ ☐ Is your top rate of tax 20%?
- ☐ ☐ Do you receive advice throughout the year on how to reduce your tax bills?
- ☐ ☐ Does your accountant understand your business?
- ☐ ☐ Is your accountant imaginative and proactive?
- ☐ ☐ Does your accountant help you to increase your profits?
- ☐ ☐ Are your accounts and tax returns prepared on a timely basis?
- ☐ ☐ Do you have the option to pay your accountancy fees on a monthly basis to help with your cash flow?

If your answers are mainly no, please call us for more information or a free consultation.

Phone: 020 7433 1513

Hutchings Modi & Co

Accountants & Tax Consultants

www.hutchingsmodi.co.uk

BUSINESSES WANTED

DAY LEWIS CHEMIST *We Care* DAY LEWIS

Progressive chain of 60 shops seeks to acquire Pharmacies with turnover of in excess of £400,000 in Southeast England and East Anglia. Freehold purchases. Matter treated in the strictest confidence. For a quick decision contact:

Day Lewis Group, Bensham House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ Tel: 020 8689 2255 ext. 221. Mobile 0860 484999. Fax: 020 8689 0076 Email: DayLewis@aol.com

Pharmacy Business Wanted

North West Region

Any turnover considered for business with potential. Capital available. Confidentiality assured.

Tel: 0860 617 688

0831 456 149

LOCUMS

www.pharma-syd.co.uk

Pharma-Syd

EMERGENCY LOCUM PHARMACIST

Availability on website. Updated with every booking

Mr Syd Bashford
East Yorkshire

Tel: 01482 881891
Mobile: 07946 649366
syd@pharma-syd.co.uk

LOCUMLINE

Driving down prices for employers

If you ever have to use an agency to find a locum, then be sure to try us first. We have been supplying locums across the UK for only **£5.00/day** fee. Also option to get **25%** discount off leading UK agencies fees, exclusive to locumline. Now access to 2500 locums.

Ring to book your locum on: **07790 649349**

Or visit: **www.locumline.co.uk**

Locums receive free vacancy alerts.

Choose e-mail or mobile text message.

Now linked with www.pharmalife.co.uk

ESSENTIAL LOCUM SERVICES ELS

Pharmacists, locums and Technicians are invited to register.

• Nationwide coverage •

• Competitive prices •

Call Sue on: 0121 444 0075

INTERNET SERVICES

www.drugtariff.com

PRODUCTS AND SERVICES

Mashco Plc

Synergy Complex, 4 Dalston Gardens, Stanmore, Middlesex HA7 1BU

BRAUN

BRAD6011PROM

Braun D6 Solo Plaque Remover

RRP	£14.99
POR	31%
Invoice Price	£8.97
Net Price	£8.75

3 FOR THE PRICE OF 2 REFILLS

"Packs of Two EB 15 B2"

Retail Price **£14.99**

Mashco Plc

Tel: 020 8204 2224 Fax: 020 8204 0224

Emails: enquiries@mashcoplc.com

PRODUCTS AND SERVICES

CAMRx BUYING GROUP

How do you unleash profit power within your business and maximise results?

Two mainline wholesalers listed as suppliers to CAMRx members

Interested?
Call Pauline NOW on FREEPHONE
0800 526074

4 MONTHS FREE TRIAL MEMBERSHIP

Mr R. L. Hindocha
BPharm.MRPharmS.FInstD.
54/66 Silver Street, Whitwick,
Leicestershire LE67 5ET

R.R.P .£19.99 each
Trade Prices available

NEW

Lavender enhanced Wheatbag insert means you can use him like a hot water bottle - without ony of the dongers.

After just two minutes in the microwave, the Wheatbag insert will transform this odoroble beor ond Pup into the mast delightfully colming worm cuddly toy.

Both of these high quality toys fully comply CE with Regulations and have also been tested by the B.S.I.

For further information:
The Originol Wheatbag Company Ltd PO 8ox 437, Woking, Surrey GU21 4FU
Tel: 01483 598483 Fax: 01276 855564
E-mail: info@wheotbag.com www.wheotbag.com

REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

Forename
(all other initials as registered with the RPSGB or PSNI)

Surname

Registration No: RPSGB

PSNI:

Pharmacy address

County Postcode

Tel no

Fax number

E Mail

I enclose a cheque to United Business Media International.--

CICPM part 1 £117.50 (inc VAT) . (£)

CICPM part 2 £235.00 (inc VAT) .. (£)

CICPM parts 1&2 £323.13 (inc VAT) (£)

Set of ten modules for course registrants £29.38 (inc VAT) ..... (£ .)

Three or more modules £4.60 each (inc VAT) ..... (£)

Total ..... (£)

Send cheques and forms to Mary Prebble, United Business Media International, Pharmacy Editorial Projects, Sovereign Way, Tonbridge, Kent TN9 1RW. (tel: 01732 377269)

SB PharmAssist

All you and your business needs – The Certificate in Community Pharmacy Management...

...produced in association with The School of Pharmacy, The Queen's University of Belfast, from Chemist & Druggist and Community Pharmacy, supported by Smithkline Beecham Consumer Healthcare (PharmAssist)

How to register. . . . . call 01732 377269

Pharmacists aiming to complete CiCPM must register with United Business Media and pay a fee of £100 to cover the first half of the course. The ten modules provide 50 hours of learning, or half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and two progress reports.

Pharmacists who wish to proceed to the second 50-hour project stage must have registered with United Business Media International for the module component. (The 5 Projects are: 1 Marketing, 2 Basic accounting, 3 Business Planning, 4 Personnel management, 5 Management problem case studies). The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.

Free legal advice

Chemist & Druggist's web site – *www.dotpharmacy.co.uk* – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – *pharmlaw@ubmint.com* – along with their full name and the name of their pharmacy. The latter two details are for *C&D*'s records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

Copy Deadlines

New copy and amendments to existing copy should be received no later than 12 noon Tuesday prior to Saturday publication

Business link

A free service for C&D subscribers

EXCESS STOCK

TRADE LESS 25%+VAT - Colazide caps (exp 12/01), Atrovent 250 UDVs (exp 4/02), Atrovent Autohaler (exp 10/03), Atrovent Forte (exp 3/05), Innozide tabs (exp 11/02), Co-Danthramer strong cap (exp 10/01), Tegretol 100mg chewable (exp 10/01). Tel: 01766 830437.

TRADE LESS 25% - 10 x Seretide Accuhaler 500 (exp 9/01). Tel: 0403 441915.

TRADE LESS 25%+VAT - 8x30 Bonefos 400mg caps (exp 8/04), 10x42 Efexor 50mg PI (exp 5/02). Tel: 020 8888 3040.

TRADE LESS 50%+VAT+postage - 6x500g XP Maxamum unflavoured (exp 10/01), 3x500g XP Maxamum unflavoured (exp 9/02). Tel: 01268 794449.

TRADE LESS 25%+VAT - 1x100 Beta-Cardone 40mgm (exp 10/02), 1x Napratec OP (exp (06/02), 2x30 Betim 10mg (exp 9/02), 1x84 Campral EC(exp 9/03). Tel: 020 7405 1039.

TRADE LESS 30%+VAT - 5x400mg Targocid (exp 2003), less 50%+VAT 4x60 Calcort 6mg (exp 6/01), 2x28 1g Pentasa suppositories (exp 2002). Tel: 01708 442227.

TRADE LESS 30%+VAT - 1x6 Eprex 2000 IU/0.5ml syringes (exp 5/02).Tel:01299 403034.

TRADE LESS 30%+VAT +postage - Dansac Unique 2 55 (ref: 502-55) Ileodress Plus 8413 Simcare Closed stomapouch/filter 32mm 32 330-22(20). Granuflex 8124 dressing. Drogenil tabs 250mg (exp 7/02), 10x10cm Fucidin Intertulle (exp 6/02). Less 40%+VAT+postage: Conveen 5170. Robinul inj. 5ml (exp 11/02 & 12/03). Stelazine caps 10mg (exp 3/03). Hollister Impression 3493. Hollister Urostomy pouch 1455. 20mg Clexane inj. (exp 7/01). Less 30%+VAT+postage - Parlodel caps (GB) (exp 9/01). 400mg Targocid inj (exp 4/01).Accuseal system Convatec 8450. Combihesive Natura 87245. Combihesive Natura 87245. 5mg Ultiva (exp 9/01). 10mg Surmontil tabs (exp 11/01). 3M Tegasorb (ref: 9000L), Combihesive Natura 87248 - (cut to 48mm).Tel: 01923 825753.

TRADE LESS 45%+VAT - 4x28 Beta-Adalat caps (exp 7/02). Tel: 028 30830261.

FOR SALE

Avery 1p in the slot personal weighing machine.£250 ono, buyer collects. Tel/fax 0151 254 1272.

Nomad Trays £5 old type, £7 new type with blue lid. Buyer collects Tel 0151 428 5143.

Max Factor neon sign blue/purple with new transformer. Buyer collects. £150. Antique brass/glass display case by Pollards of London, approx dimensions l: 5'6", h: 3'6", £300. Buyer collects. Tel: 01273 682618.

300 Nomad cassettes, inserts + seals - cassettes £7 each, inserts 20p each, seals 10p each. Tel: 01443 772183.

Neon 'Prescription' sign for window on sale - includes transformer and chains to hang. Cost £100 ono. Tel: 01895 258000.

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.

Business link

A free service for C&D subscribers

Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

..... Postcode .....

Personal RPSGB Registration number .....

Telephone Number .....

Proposed advertisement copy (maximum 30 words)

.....

.....

.....

.....

Get your managing director for a fiver!

Lloydspharmacy superintendent Andy Murdock finds out what really happens on the medicines counter

You have to admire Lloydspharmacy's ingenious scheme to raise money for the National Deaf Children's Society. Nothing so simple as coughing up a corporate lump sum. Oh no! A far more Machiavellian plot was hatched, which store managers could only ignore at their peril. The so-called 'Fiver Challenge' was set up to support employees taking part in a sponsored cycle in Cuba for the charity. All 1,300 Lloydspharmacy stores were each asked to donate a fiver. In return – and this is the nice touch – the stores' names were placed in a hat and those drawn out were allocated a director or senior manager from head office or regional offices to work in their store for a day in the role of the most junior member of staff.

There was no shortage of management volunteers either (which must say something about the delights of working in head office). No less than 63 top dogs from across the group – AAH Pharmaceuticals and Gehe UK, as well as Lloydspharmacy – took part in the scheme. Who 62 of them are is a mystery, but director of pharmacy Andy Murdock allowed himself to be photographed in action in an unidentified pharmacy. "This was a great opportunity to improve internal communications within the group," he says. "Everybody involved has drawn something positive from the experience."

We can only hope they were all briefed on their EHC protocols and warned to watch out for *Daily Mail* reporters before being set loose on the medicines counter. It can be damned dangerous out there if you don't know your POMs from your Ps..

World's biggest igloo celebrates its tenth anniversary

The world's biggest igloo is Icehotel in Jukkasjarvi, north of the arctic circle in Swedish Lapland. When the igloo was first built from the crystal clear ice on the banks of the river Torne, it covered only 50m². In March it celebrates its tenth anniversary and has grown to 5,000m². It includes a church, a cinema, the world famous ice bar (visited by the Irish president and Naomi Cambell, in case you were wondering), and not a few ice suites for those who remember to bring their thermal pyjamas – oh, and possibly the largest collection of ice art in the northern hemisphere (several thousand tons of it, in fact). To give a flavour of the surroundings, the 500-year-old village of Jukkasjarvi boasts 800 inhabitants, 900 sled dogs and about 15,000 reindeer.

You might wonder what an ice igloo has got to do with pharmacy. Nothing is the answer: we just wanted to improve your Trivial Pursuits skills. And demonstrate what a wonderful place the internet can be if you have the time to explore it. Visit *www.icehotel.com* if you want to chill out this summer.

APPOINTMENTS

David Cole

The appointment of David Cole as managing director of Phoenix Healthcare Distribution, the wholesale arm of Phoenix Medical Supplies, has been confirmed (see *C&D* **Business News**, January 13). He was previously commercial director at PMS, and was group managing director at L Rowland when it was taken over in 1999. Mr Cole is a member of the NHS IT committee and a director of Numark Trading Ltd. He says: "Now that common computer systems have been put into our depots, we are hoping to bring increased efficiencies to our customers. It would be foolish to say we have not experienced some difficulties in setting up our central warehousing at Preston Brook, but I do believe we have now turned the corner."

Brendan Maye, formerly sales and marketing director of Yardley of London Ltd, has been appointed as managing director of Cosmopolitan Cosmetics and Yardley of London. Diana Devenish has been promoted to sales and marketing director for Cosmopolitan Cosmetics, and James Ruppel joins the group as sales and marketing manager for Yardley on February 16.

Boots seeks more to fallow

We all know there is a shortage of community pharmacists, now the 'fallow year' has made the problem even more acute. As a result, the major employers have become quite adept at exploiting the classified pages of pharmacy journals in English-speaking nations around the globe. A pharmacy qualification has been viewed as a passport to travel by the footloose members of the fraternity for years. Now Boots is exporting that concept to the Continent. Lurking among the ads for 'Apotheker' and 'Leiter Abteilung Registrierung' in January's *Deutsche Apotheker Zeitung* is the first half-page in a campaign from the UK's best-known pharmacy multiple, which seeks to entice German pharmacists to south-west England and south Wales. Job ads are also appearing in the Spanish pharmaceutical press, the Boots press office informs us. The bureaucrats in Brussels will no doubt hold this up as a fine example of the free movement of labour within the European Union. But how long will it be before xenophobic health authorities dust off those rules and regulations drawn up some years ago, which were intended to discourage an influx of less desirable types from countries that had recently joined the European adventure?

New role for NHS Direct

A rather sad postscript to the Alder Hey organ retention story that has filled the headlines recently: the DoH press office reports that NHS Direct handled over 3,000 calls between midnight on January 30 and 2pm the following afternoon, the day after the official report was published, from concerned members of the public. Not quite sure what the nurses on the end of the phone could recommend, though.

Earthquake relief fund gets under way

A group of pharmacists in the North East of England have set up their own relief fund following the earthquake in Gujarat, India, last month. Wholesalers in the region are this week distributing a letter from Umesh Patel, of Leema Pharmacy in Sunderland, who is co-ordinating the appeal.

The appeal was launched last Saturday at the annual dinner dance of the Sunderland Branch of the Royal Pharmaceutical Society, and £1,600 was raised on the night. Branch chairman David Carter, Sailesh Patel and Ash Agarwaal, along with Umesh Patel, have volunteered their services on a management committee. Umesh says there are plans are being put together for fund-raising events. It is intended to put the money raised towards a specific project in the region.

Cheques – payable to Gujarat Earthquake Relief Fund (North East England Appeal) – and donations can be sent to Barclays Bank, sort code 20-83-69, account no 80252905, or to Umesh Patel, Leema Pharmacy, 91-93 Tunstall Road, Sunderland SR2 7RW (tel: 0191 548 6364).

the future of pharmacy

chemex 2001

9/10 september / ExCeL / london

is moving to

EXCEL

THE PLACE TO BE SEEN

On September 9th and 10th 2001, Chemex will open its doors in Docklands at ExCeL, a perfect location for the UK's biggest community pharmacy exhibition.

On September 9th the National Pharmaceutical Association's Autumn Conference 2001 will take place at ExCeL, a perfect location for the UK's most influential pharmacy trade association.

ExCeL – easy to get to and state of the art

ExCeL is the nation's latest state-of–the-art exhibition centre. It is located in the stunning surroundings of London's Docklands. It is easy to reach by road, rail and air – just 15 minutes from the M25, 20 minutes from the West End via the Jubilee Line, and next to the London City Airport. It offers 5,000 visitor-parking spaces, six on-site hotels and a range of business facilities and places to wine and dine unequalled at any other UK venue.

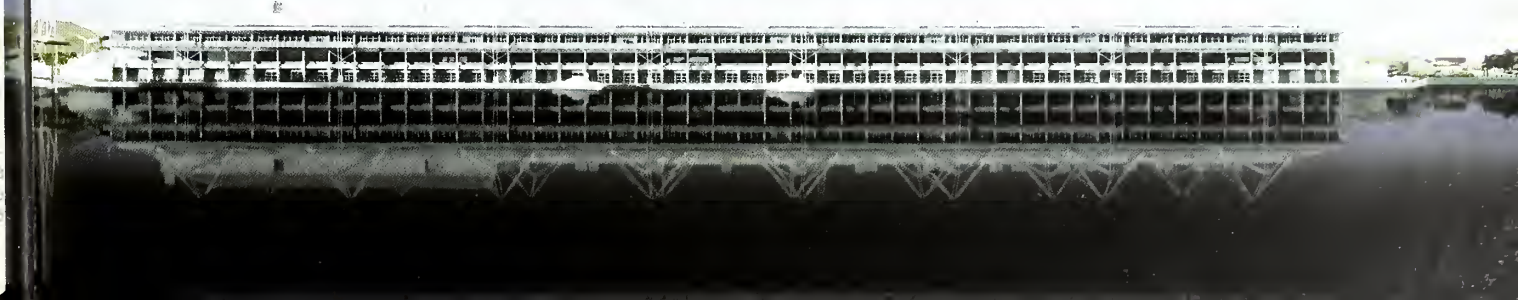
Chemex plus the NPA Conference – a winning combination

Spread across one floor, Chemex 2001 will address the professional and commercial practicalities that make community pharmacy a key part of the nation's health service. With the largest number of pharmacy exhibitors gathered under one roof, all wanting to talk to you, can you afford not to be there?

The NPA Autumn Conference will provide you with a forum to air your views on the government's pharmacy plan, and hear how the NPA sees your future. With community pharmacy facing its greatest upheaval since 1948, your voice needs to be heard. Can you afford not to be there?

Put the date in your diary now!

For more information, please call the Chemex team on 01732 377256



RECOMMEND A NATURAL CHOICE FOR SORE, STUFFY NOSES

ON TV & PRESS NOW

STUFFYNOSE

SORENOSE

HAPPINOSE

Soothing relief for sore, stuffy noses

- Dual-action for rapid relief
- Gently decongests
- Soothes inflammation and soreness in and around the nose
- Helps keep the nose comfortable and clear

For colds and catarrh

Contains menthol with natural essential oils.

Happinose Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** For adults, blow the nose before application. Carefully apply 1 cm of Happinose inside each nostril using the little finger and inhale. Re-apply every four hours or as required. For children 10 years and over, as above, but use up to ½cm. For children between 5-9 years, as above, but use up to ¼cm. **Indications:** For the symptomatic relief of nasal congestion associated with the common cold, catarrh, head colds and hayfever. **Contra-indications:** Do not use on children under the age of 5 years. Not to be used in cases of sensitivity to any of the ingredients. **Precautions:** FOR EXTERNAL USE ONLY. Keep away from the eyes. Keep out of the reach of children. Hands should be washed after use. **Legal Category:** GSL **Packs:** Happinose (PL 0173/0177) – 14g. RSP £3.45 (£2.94 exc VAT).